

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736389 (8)

1. Corporation Name
RIVERSIDE BAPTIST CHURCH OF DADE COUNTY, FLORIDA, INC.



Principal Place of Business Mailing Address

10775 SW 104 ST. MIAMI FL 33176 **10775 SW 104 ST. MIAMI FL 33176**

3. Date Incorporated or Qualified
07/15/1976

4. FEI Number **59-0737902** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**WILLIAMS, EUGENE E
9130 S. DADELAND BLVD., #1100
CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUBLIN, NORMAN	
STREET ADDRESS	8424 SW 102 PLACE	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TODD, RON	
STREET ADDRESS	10922 SW 135 PLACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAYO, RICHARD	
STREET ADDRESS	12222 SW 104 LANE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DIXON, DAN	
STREET ADDRESS	11910 SW 188 TERRACE	
CITY - ST - ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman Kublin*

CR2E037 (10/97)