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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736389

1. Corporation Name

RIVERSIDE BAPTIST CHURCH OF DADE COUNTY, FLORIDA, INC.

Principal Place of Business

10775 SW 104 ST.  
MIAMI FL 33176

Mailing Address

10775 SW 104 ST.  
MIAMI FL 33176



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
07/15/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-0737902

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME KUBLIN, NORMAN  
STREET ADDRESS 8424 SW 102 PLACE  
CITY-ST-ZIP MIAMI FL 33173

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DT  DELETE  
NAME TODD, RON  
STREET ADDRESS 10922 SW 135 PLACE  
CITY-ST-ZIP MIAMI FL 33186

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MAYO, RICHARD  
STREET ADDRESS 12222 SW 104 LANE  
CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE  Change  Addition  
3.2 NAME Secretary of Deacons  
3.3 STREET ADDRESS WILLIAM HENRIKSEN  
13025 SW 68 TERRACE  
3.4 CITY-ST-ZIP MIAMI FL 33183

TITLE ASD  DELETE  
NAME DIXON, DAN  
STREET ADDRESS 11910 SW 188 TERRACE  
CITY-ST-ZIP MIAMI FL 33177

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

*William Henrikson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/24/99  
Daytime Phone # 305 5950512

CR2E037 (11/98)