

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2005
Secretary of State**

DOCUMENT# 736389

Entity Name: RIVERSIDE BAPTIST CHURCH OF DADE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

10775 SW 104 ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10775 SW 104 ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-0737902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAMS, EUGENE E
9130 S. DADELAND BLVD., #1100
MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: ESKOLIN, NEIL P
Address: 11405 SW 104 CT
City-St-Zip: MIAMI, FL 33176

Title: DC () Delete
Name: FIGUEROA, IVAN
Address: 5407 SW 128 PL
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: CROWTHER, PAUL
Address: 20201 SW 117 AVE
City-St-Zip: MIAMI, FL 33177

Title: DT () Delete
Name: ROBINSON, MARK
Address: 12084 SW 117 TERR
City-St-Zip: MIAMI, FL 33186

Title: ASD () Delete
Name: KAIMRAJH, DAVID
Address: 18601 SW 129 AVE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KAIMRAJH, DAVID
Address: 18601 SW 129 AVE
City-St-Zip: MIAMI, FL 33177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD (X) Change () Addition
Name: ANDREW, STOCKTON J JR
Address: 14901 SW 150 ST
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ROBINSON DT 01/12/2005
Electronic Signature of Signing Officer or Director Date