

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 10, 2009
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
MIAMI, FL 33156 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: CARPENTER, DE LARIS
Address: 27101 SW 142 AVE
City-St-Zip: HOMESTEAD, FL 33032Title: VP () Delete
Name: ESKOLIN, NEIL
Address: 11405 SW 104 CT
City-St-Zip: MIAMI, FL 33176Title: SEC () Delete
Name: WALKER, CAVELL
Address: 6221 SW 107 AVE
City-St-Zip: MIAMI, FL 33173Title: TRES (X) Delete
Name: SELLARS, LEWIS JR
Address: 6525 SW 61 ST
City-St-Zip: MIAMI, FL 33143**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: ROBINSON, MARK
Address: 12084 SW 117 TER
City-St-Zip: MIAMI, FL 33186Title: SEC (X) Change () Addition
Name: NOBLE, DAVID
Address: 1120 NW 184 PL
City-St-Zip: PEMBROKE PINES, FL 33029Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

VP

11/10/2009

Electronic Signature of Signing Officer or Director_____
Date