

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90174 035 ****61.25

DOCUMENT # 736389

1. Entity 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**

10027816



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0737902**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	KUBLIN, NORMAN	
STREET ADDRESS	8424 SW 102 PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HIGGS, VINCE	
STREET ADDRESS	13580 SW 97 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROWTHER, PAUL	
STREET ADDRESS	117 AVENUE SW	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, IVAN	
STREET ADDRESS	5407 SW 128 PL	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	JUSTIN, CENTENO	
STREET ADDRESS	15241 SW 114 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVC - Vice Chairman of Deacons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC - Chairman of Deacons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIL PESKOLIN	
STREET ADDRESS	11405 SW 104 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT - Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK ROBINSON	
STREET ADDRESS	12084 SW 117 Ter	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Y. Williams** SIGNATURE REQUIRED

2/23/03 305-238-9018