

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44349** (1)
1. Corporation Name
RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, INC.



Principal Place of Business: **ROUTE 2, BOX 291, BRANFORD FL 32008-9345, US**
Mailing Address: **ROUTE 2, BOX 421, BRANFORD FL 32008-9345**

3. Date Incorporated or Qualified: **07/18/1991**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business: **21 10760 NW 5th Avenue, Suite, Apt. #, etc.**
22 **Branford, FL**
23 **32008**
24 Zip
25 Country: **Gilchrist**
26 2039 NW CR 138
27 **Branford, FL**
28 **32008**
29 Zip
30 Country: **Gilchrist**

4. FEI Number: **59-3096602**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BOSWELL, ANDREW S.
ROUTE 2, BOX 421
BRANFORD FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **2039 NW CR 138**
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DAVID RAY	12 NAME	
STREET ADDRESS	ROUTE 2, BOX 108	13 STREET ADDRESS	12979 NE 5th Ave.
CITY-ST-ZIP	BRANFORD FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PAUL H.	22 NAME	
STREET ADDRESS	ROUTE 1, BOX 752	23 STREET ADDRESS	5879 NE State Rd. 47
CITY-ST-ZIP	HIGH SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LELON	32 NAME	Padgett, Jimmy
STREET ADDRESS	ROUTE 2, BOX 2562	33 STREET ADDRESS	Route 2, Box 8942
CITY-ST-ZIP	BELL FL	34 CITY-ST-ZIP	Fort. White, FL 32038
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LOYD	42 NAME	
STREET ADDRESS	ROUTE 2, BOX 2564	43 STREET ADDRESS	2191 NW 87th Place
CITY-ST-ZIP	BELL FL	44 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWELL, ANDREW S.	52 NAME	
STREET ADDRESS	ROUTE 2, BOX 421	53 STREET ADDRESS	2039 NW County Road 138
CITY-ST-ZIP	BRANFORD FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ROBERT	62 NAME	
STREET ADDRESS	ROUTE 2, BOX 104	63 STREET ADDRESS	149 NE 112 th Place
CITY-ST-ZIP	BRANFORD FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Andrew S. Boswell Andrew S. Boswell March 15, 1996 (904)935-3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)