

**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

Mailing Address

ROUTE 2, BOX 291  
BRANFORD FL 32008-9345  
US

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

2a. Mailing Address

21 **10760 NW 5th Avenue**  
Suite, Apt. #, etc.

26 **2039 NW CR 138**  
Suite, Apt. #, etc.

22 **Branford, FL**  
City & State

27 **Branford, FL**  
City & State

23 **32008**  
Zip

28 **32008**  
Zip

24 **Gilchrist**  
Country

29 **Gilchrist**  
Country

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

10. Name and Address of New Registered Agent

**BOSWELL, ANDREW S.**  
ROUTE 2, BOX 421  
BRANFORD FL

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

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 <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, DAVID RAY</b>	12 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 108</b>	13 STREET ADDRESS	<b>12979 NE 5th Ave.</b>
CITY-ST-ZIP	<b>BRANFORD FL</b>	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, PAUL H.</b>	22 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 752</b>	23 STREET ADDRESS	<b>5879 NE State Rd. 47</b>
CITY-ST-ZIP	<b>HIGH SPRINGS FL</b>	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, LELON</b>	32 NAME	<b>Padgett, Jimmy</b>
STREET ADDRESS	<b>ROUTE 2, BOX 2562</b>	33 STREET ADDRESS	<b>Route 2, Box 8942</b>
CITY-ST-ZIP	<b>BELL FL</b>	34 CITY-ST-ZIP	<b>Fort. White, FL 32038</b>
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, LOYD</b>	42 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 2564</b>	43 STREET ADDRESS	<b>2191 NW 87th Place</b>
CITY-ST-ZIP	<b>BELL FL</b>	44 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSWELL, ANDREW S.</b>	52 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 421</b>	53 STREET ADDRESS	<b>2039 NW County Road 138</b>
CITY-ST-ZIP	<b>BRANFORD FL</b>	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, ROBERT</b>	62 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 104</b>	63 STREET ADDRESS	<b>149 NE 112 th Place</b>
CITY-ST-ZIP	<b>BRANFORD FL</b>	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)