## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, IN

Principal Place of Business Mailing Address 10760 NW 5TH AVENUE 2039 NW CR 138 BRANFORD FL 32008 BRANFORD FL 32008-7309 3. Date Incorporated or Qualified 07/18/1991 3a. Date of Last Report 03/27/1996 4. FEI Number 59-3096602 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired **k**k Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip ZiΩ This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOSWELL, ANDREW S. 82 Street Address (P.O. Box Number is Not Acceptable) 2039 NW CR 138 83 BRANFORD FL 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE Change Addition TITLE BROOKS, DAVID RAY 1.2 NAME NAME STREET ADDRESS 12979 NW 5TH AVENUE 1.3 STREET ADDRESS Branford Fl CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE GRAHAM, PAUL H. NAME 2.2 NAME 5879 NE STATE ROAD 47 2.3 STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PADGETT, JIMMY NAME 3.2 NAME RT 2 BOX 8942 STREET ADDRESS 3.3 STREET ADDRESS FORT WHITE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE THOMAS, LOYD NAME 4. 2 NAME 2191 NW 87TH PLACE STREET ADDRESS 4.3 STREET ADDRESS **BELL FL** CITY - \$1 - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE BOSWELL, ANDREW S. 52 NAME NAME 2039 NW COUNTY ROAD 138 5.3 STREET ADDRESS STREET ADDRESS BRANFORD FL CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE PHILLIPS, ROBERT 6.2 NAME NAME 149 NE 112TH PLACE STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 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; 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. S. Boswell

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**BRANFORD FL** 

96/6)

**FILED** 

Mar 06 1997 8:00am

Secretary of State