1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N44349

## RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, IN C.

Principal Place of Busines
10760 NW 5TH AVENUE
BRANFORD FL 32008
us

Mailing Address

2039 NW CR 138 BRANFORD EL 32008

## **FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90275 038 \*\*\*\*70.00



US CONTRACT	. 32006	US						
	ace of Business	2a. Mailing Address	<del></del>		3. Date Incorporated or Qualifed 07/18/1991			
21 Suite, Apt.	# etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Apı	olied For
22	<i>n</i> , 5td.	27			59-3096602		No	t Applicable
City & State	0	City & State			5. Certifcate of Status Desired	勸	\$8.75 A	
23		28				· · · · · · · · · · · · · · · · · · ·	Fee Re	<u> </u>
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 Added to	
24	25	29 30	0]		Trust Fund Contribution  10. Name and Address of New I	Pagietarad /		o rees
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	rogistored /	-Adviir	
	_						<u>-</u>	
	., andrew s.		82	Street A	ddress (P.O. Box Number is Not Accept	able)		
2039 NW			83					
BRANFOR	RD FL		63	ļ				
			84	City		FL	85 Zip 0	Code
				L	him and the thin statement for the		changing its	registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	N FIORDA SUCE CHARGE WAS AUT	norized by	the corbo	corporation submits this statement for the ration's board of directors. I hereby acce	pt the appoir	ntment as re	gistered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent		egistered Ager	nt signature re	quired when reinstating)  ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS ANI	D DIRECTORS  DELETE	1.1 TITLE	1	Abbiliono/onAnges 10 c.		Change	Addition
TITLE	D DAYS DAYS	- Dette ic			,			_
NAME	BROOKS, DAVID RAY		1.2 NAME					
STREET ADDRESS	12979 NW 5TH AVENUE		B .	ADDRESS			•	
CITY-ST-ZIP	BRANFORD FL	☐ DELETE	1.4 CITY-S	T-ZIP			Change	Addition
TITLE	0	C DECE IE	2.1 TITLE					<u></u>
NAME	GRAHAM, PAUL H.		2.2 NAME					
STREET ADDRESS	5879 NE STATE ROAD 47		1	TADDRESS	<u>.</u>			
CITY-ST-ZIP	HIGH SPRINGS FL	☐ DELETE	2.4 CITY-5	ST-ZIP	S/D		Change	(X) Addition
TITLE	D	☐ DELETE	3.1 TITLE	l	3, 2			
NAME	PADGETT, JIMMY		3.2 NAME					
STREET ADORESS	RT 2 BOX 8942			TADDRESS				
CITY-ST-ZIP	FORT WHITE FL		3.4. CITY-5	ST-ZIP			Change	Addition
TITLE	D	☐ DELETE	4.1 TITLE				□ ∾iginge	11 CO019011
NAME	THOMAS, LOYD		4. 2 NAME					
STREET ADDRESS	2191 NW 87TH PLACE			TADDRESS	•			
CITY-ST-ZIP	BELL FL		4.4 CITY-\$	T-ZIP			☐ Change	Addition
TITLE	CD	☐ DELETE	5.1 TITLE				□ cuange	☐ Addition
NAME	BOSWELL, ANDREW S.		5.2 NAME					
STREET ADDRESS	2039 NW COUNTY ROAD 138			TADDRESS				
CITY-ST-ZIP	BRANFORD FL		5.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE	1			☐ Change	☐ Addition
NAME	PHILLIPS, ROBERT		6.2 NAME					
STREET ADDRESS	149 NE 112TH PLACE		6.3 STREE	TADORESS				

BRANFORD FL

14. 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 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, with all other like empowered.

SIGNATURE:

Andrew S.D Boswell

March 3, 1999

(904)935-3102