2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44349

RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, IN

Country

6. Name and Address of Current Registered Agent

Principal Place of Business 10760 NW 5TH AVENUE BRANFORD FL 32008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

2039 NW CR 138 BRANFORD FL 32008-7309

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90001 011 ****61.25



Street Address (P.O. Box Number is Not Acceptable) BOSWELL, ANDREW S. 2039 NW CR 138 BRANFORD FL Zip Code City

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.

Country

Name

	Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature	(NOTE: Registered Agent signature required when reinstating)			
SIGNATURE .					<u></u>			
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	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi	~ —	\$5.00 May Be Added to Fees	Make Check Payable to Department of State	·)		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brooks, David Ray 12979 NW 5TH AVENUE Branford Fl	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, PAUL H. 5879 NE STATE ROAD 47 HIGH SPRINGS FL	i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· etus, s.	☐ Change	Addition		
	PADGETT, JIMMY RT 2 BOX 8942 FORT WHITE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		

TITLE Change Addition TITLE □ Delete THOMAS, LOYD NAME 2191 NW 87TH PLACE STREET ADDRESS STREET ADDRESS BELL FL CITY-ST-ZIP CITY-ST-ZIP CD ☐ Change Addition ☐ Delete TITLE TITLE BOSWELL, ANDREW S. NAME NAME 2039 NW COUNTY ROAD 138 STREET ADDRESS STREET ADDRESS BRANFORD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition . Delete TITLE PHILLIPS, ROBERT NAME NAME 149 NE 112TH PLACE STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

BRANFORD FL