


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90007 048 ****61.25

DOCUMENT # N44349 1. Entity Name RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, INC.	
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Principal Place of Business 10760 NW 5TH AVENUE BRANFORD FL 32008 US	Mailing Address 2039 NW CR 138 BRANFORD FL 32008 US
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54032125



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 658 LONGHORN TERRACE Suite, Apt. #, etc. FORT WHITE FL. City & State FORT WHITE FL. Zip 32038	4. FEI Number 59-3096602 Applied For <input type="checkbox"/> Not Applicable
Country Zip COLUMBIA	Country Zip COLUMBIA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

BOSWELL, ANDREW S.
2039 NW CR 138
BRANFORD FL

7. Name and Address of New Registered Agent

Name **JIMMY PADGETT**
 Street Address (P.O. Box Number is Not Acceptable)
658 Longhorn Terrace
 City **FORT WHITE** **FL** Zip Code **32038**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JIMMY PADGETT** 04/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROOKS, DAVID RAY <input type="checkbox"/> Delete 12979 NW 5TH AVENUE BRANFORD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADGETT, JIMMY <input type="checkbox"/> Delete 658 LONGHORN TERRACE FORT WHITE FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LOYD <input type="checkbox"/> Delete 2191 NW 87TH PLACE BELL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, ANDREW S. <input type="checkbox"/> Delete 2039 NW COUNTY ROAD 138 BRANFORD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANNER, OLIN <input type="checkbox"/> Delete 619 NE 87TH PLACE BRANFORD FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROY <input type="checkbox"/> Delete 9749 NW 19TH AVE BRANFORD FL 32008

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BOSWELL, ANDREW S. 23854 HIGHWAY 129 O'BRIEN FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like information.

SIGNATURE:  **David R. Brooks** 04/12/04 (386) 935-0181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #