

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91415 048 ****61.25

UBR0303

DOCUMENT # N44349

1. Entity Name
RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, IN C.



Principal Place of Business Mailing Address

**10760 NW 5TH AVENUE
BRANFORD FL 32008
US** **2039 NW CR 138
BRANFORD FL 32008
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3096602** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete

NAME **BROOKS, DAVID RAY**

STREET ADDRESS **12979 NW 5TH AVENUE**

CITY-ST-ZIP **BRANFORD FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **SD** Delete

NAME **PADGETT, JIMMY**

STREET ADDRESS **RT 2 BOX 8942**

CITY-ST-ZIP **FORT WHITE FL**

TITLE **SD** Change Addition

NAME **Padgett, Jimmy**

STREET ADDRESS **658 Longham Terrace**

CITY-ST-ZIP **Ft. White, FL 32038**

TITLE **D** Delete

NAME **THOMAS, LOYD**

STREET ADDRESS **2191 NW 87TH PLACE**

CITY-ST-ZIP **BELL FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **BOSWELL, ANDREW S.**

STREET ADDRESS **2039 NW COUNTY ROAD 138**

CITY-ST-ZIP **BRANFORD FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **SWANNER, OLAN**

STREET ADDRESS **619 NE 87TH PLACE**

CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **D** Change Addition

NAME **Swanner, Olan**

STREET ADDRESS **619 NE 87th Lane**

CITY-ST-ZIP **Branford, FL 32008**

TITLE **D** Delete

NAME **THOMAS, ROY**

STREET ADDRESS **9749 NW 19TH AVE**

CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **D** Change Addition

NAME **Thomas, Roy**

STREET ADDRESS **9749 NW 19th Ave.**

CITY-ST-ZIP **Branford, FL 32008**

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 empowered.

SIGNATURE: David R. Brooks **David R. Brooks 4/21/03 (386) 935-0181**

CR2E037 (10/02)