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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90048 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50876

1. Corporation Name

RIVERSIDE AVENUE CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.

Principal Place of Business

2841 RIVERSIDE AVENUE
JACKSONVILLE FL 32205

Mailing Address

2841 RIVERSIDE AVENUE
JACKSONVILLE FL 32205



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/17/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0917280	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

HULL, RICHARD J II
2841 RIVERSIDE AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 Richard J. Hull II DATE 3/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPONAUGLE, VIRGINIA R	1.2 NAME	
STREET ADDRESS	2841 RIVERSIDE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, RANDALL	2.2 NAME	VD
STREET ADDRESS	2841 RIVERSIDE AVE.	2.3 STREET ADDRESS	STOUT, SUZANNE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	2841 RIVERSIDE AVENUE JAX, FL
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BEMBRY, SHARON	3.2 NAME	
STREET ADDRESS	2841 RIVERSIDE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, CATHY J	4.2 NAME	
STREET ADDRESS	2841 RIVERSIDE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Virginia Sponaugle SIGNATURE REQUIRED: Virginia Sponaugle DATE: 3/10/99 DAYTIME PHONE: 389-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)