

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50876

1. Entity Name

RIVERSIDE AVENUE CHRISTIAN CHURCH (DISCIPLES OF

Principal Place of Business

2841 RIVERSIDE AVENUE
JACKSONVILLE FL 32205

Mailing Address

2841 RIVERSIDE AVENUE
JACKSONVILLE FL 32205

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

59-0917280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULL, RICHARD J II
2841 RIVERSIDE AVE
JACKSONVILLE FL 32205

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SPONAUGLE, VIRGINIA R 2841 RIVERSIDE AVE JACKSONVILLE FL 32205	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOUT, SUZANNE 2841 RIVERSIDE AVE. JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEMBRY, SHARON 2841 RIVERSIDE AVE. JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, CATHY J 2841 RIVERSIDE AVE. JACKSONVILLE FL 32205	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CROOK, MARGARET 2841 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, KATHY 2841 RIVERSIDE AVENUE JACKSONVILLE FL 32205	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAVERY, CAROL 2841 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANCASTER, BARBARA 2841 RIVERSIDE AVENUE JACKSONVILLE FL 32205	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowered.

SIGNATURE:

MARGARET S. CROOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
Date

904-389-1751
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)