2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N50876

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

Current Principal Place of Business:

2841 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2841 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-0917280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, RICHARD J II
2841 RIVERSIDE AVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

STOUT, SUZANNE H
2841 RIVERSIDE AVE
JACKSONVILLE, FL 32205 US

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: SUZANNE H. STOUT 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: RICHARDSON, DAN
Address: 2841 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD ( ) Delete
Name: DEES, MARGARET
Address: 2841 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: UMBERGER, GREG
Address: 2841 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete
Name: MCCLURE, CORINNE
Address: 2841 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: DEES, MARGARET
Address: 2841 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD (X) Change ( ) Addition
Name: NEWMAN, TONY
Address: 2841 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HAY, LYN
Address: 2841 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET DEES CPD 04/08/2009
Electronic Signature of Signing Officer or Director Date