

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004159 (9)

1. Corporation Name

RIVER CITY CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

~~3202 ATLANTIC BLVD~~
JACKSONVILLE FL 32207
US

~~P.O. BOX 47615~~
JACKSONVILLE FL 32247

3. Date Incorporated or Qualified

08/19/1994

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2016 ANNISTON RD.

26 2016 ANNISTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip Country

Zip Country

24 32246

25 USA

29 32246

30 USA

4. FEI Number

59-3266247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, WAYNE A
12150 CISCO GARDEN RD. NORTH
JACKSONVILLE FL 32219

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
YOUNG, WAYNE A
12150 CISCO GARDEN RD. NORTH
JACKSONVILLE FL 32219

TITLE ☐ DELETE

VD
JONES, JERRY F
1463 WHITMAN STREET
JACKSONVILLE FL 32210

TITLE ☐ DELETE

TD
BRIM, DARWYN S
6963 POTTSBURG DRIVE
JACKSONVILLE FL 32216

TITLE ☐ DELETE

D
SIMONS, CHRIS A
4263 SPRINGWOOD DR
JACKSONVILLE FL

TITLE ☐ DELETE

SD
SMITH, SUSAN D
1853 SUNRISE DRIVE
JACKSONVILLE FL 32246

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
PD
SAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
VD
DONALD R. KITTLE

2.3 STREET ADDRESS
3860 SHADY LANE

2.4 CITY - ST - ZIP
JACKSONVILLE, FL 32277

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
TD
SAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
D
SAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
SD
DANIEL L. JEFFERY

5.3 STREET ADDRESS
1437 FLAGLER AVE

5.4 CITY - ST - ZIP
JACKSONVILLE, FL 32207

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
D
JERRY F. JONES

6.3 STREET ADDRESS
1463 WHITMAN ST.

6.4 CITY - ST - ZIP
JACKSONVILLE, FL 32210

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL L. JEFFERY

1/28/96

904-720-2042

Daytime Phone #

CR2E037 (12/95)