### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#** 700934

### Entity Name: RIVERSIDE BAPTIST CHURCH

### **Current Principal Place of Business:**

2650 PARK ST JACKSONVILLE, FL 32204

### **Current Mailing Address:**

2650 PARK ST JACKSONVILLE, FL 32204 US

### FEI Number: 59-0651100

# Name and Address of Current Registered Agent:

CUSIMANO, LISA K 4449 WOODMERE ST JACKSONVILLE, FL 32210 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	LYNCH , HAL	Name	WILLSON, JOE
Address	4952 ORTEGA FOREST DR.	Address	8825 TIMBER POINT DR. N
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32244
Title	TREASURER	Title	DIRECTOR
Name	WOOD, PEGGY	Name	JONES, WILLIAM
Address	2970 ST JOHNS AVE 12G	Address	2348 HERSCHEL ST. 3
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32204
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR VIVAS, GERMAN	Title Name	DIRECTOR PARKS, HOWARD
Name	VIVAS, GERMAN	Name	PARKS, HOWARD
Name Address	VIVAS, GERMAN 1378 RENSSELAER AVE.	Name Address	PARKS, HOWARD 5420 CAPELLA CT.
Name Address City-State-Zip:	VIVAS, GERMAN 1378 RENSSELAER AVE. JACKSONVILLE FL 32205	Name Address City-State-Zip:	PARKS, HOWARD 5420 CAPELLA CT. ATLANTIC BEACH FL 32233
Name Address City-State-Zip: Title	VIVAS, GERMAN 1378 RENSSELAER AVE. JACKSONVILLE FL 32205 DIRECTOR PEDRICK, JANE 5303 ORTEGA BLVD.	Name Address City-State-Zip: Title	PARKS, HOWARD 5420 CAPELLA CT. ATLANTIC BEACH FL 32233 DIRECTOR
Name Address City-State-Zip: Title Name	VIVAS, GERMAN 1378 RENSSELAER AVE. JACKSONVILLE FL 32205 DIRECTOR PEDRICK, JANE	Name Address City-State-Zip: Title Name	PARKS, HOWARD 5420 CAPELLA CT. ATLANTIC BEACH FL 32233 DIRECTOR FERGUSON, JERRY 2263 RIVER ROAD

I hereby 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 all other like empowered.

SIGNATURE: PEGGY WOOD

TREASURER

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Mar 30, 2016 Secretary of State CC2400637192

Date