

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700934

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC8478305288**

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUSIMANO, LISA K  
4449 WOODMERE ST  
JACKSONVILLE, FL 32210 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEDRICK, JANE O  
Address        5303 ORTEGA BLVD #201  
City-State-Zip: JACKSONVILLE FL 32210

Title            TRES  
Name            YOCHIM, MARY ANN  
Address        3750 SILVER BLUFF BLVD #2508  
City-State-Zip: ORANGE PARK FL 32065

Title            DIRECTOR  
Name            CUSIMANO, LISA  
Address        4449 WOODMERE ST  
City-State-Zip: JACKSONVILLE FL 32210

Title            DIRECTOR  
Name            FERGUSON, JERRY  
Address        2263 RIVER BLVD.  
City-State-Zip: JACKSONVILLE FL 32204

Title            DIRECTOR  
Name            MORRIS, RICK  
Address        7216 ZONA AVE  
City-State-Zip: JACKSONVILLE FL 32211

Title            DIRECTOR  
Name            CHARLES, ALDERMAN  
Address        4622 ORTEGA FARMS CIRCLE  
City-State-Zip: JACKSONVILLE FL 32210

Title            DIRECTOR  
Name            HAL , LYNCH  
Address        4952 ORTEGA FOREST DR.  
City-State-Zip: JACKSONVILLE FL 32210

Title            DIRECTOR  
Name            LARRY, KELLEY III  
Address        12503 GRAFTON CT.  
City-State-Zip: JACKSONVILLE FL 32246

**Continues on page 2**

*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:** LISA K. CUSIMANO

**DIRECTOR**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOE, WILLSON  
Address        8825 TIMBER POINT DR. N  
City-State-Zip: JACKSONVILLE FL 32244