

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700934

FILED
Feb 11, 2019
Secretary of State
6844568323CC

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

Title DIRECTOR
Name PARKS, HOWARD
Address 5420 CAPELLA CT.
City-State-Zip: ATLANTIC BEACH FL 32233

Title CHAIRMAN
Name PEDRICK, JANE
Address 5303 ORTEGA BLVD.
 UNIT 201
City-State-Zip: JACKSONVILLE FL 32210

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

Title DIRECTOR
Name BATES, JOYCE
Address 3003 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32205

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

Title DIRECTOR
Name MARY, HARTLEY CATHERINE
Address 831 MAY ST, APT. 3
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name ROSEBELLE, JUDGE
Address 1596 LANCASTER TYERR., APT. 7A
City-State-Zip: JACKSONVILLE FL 32204

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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: JANE PEDRICK

DIRECTOR

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name HODGES, JULIA

Address 1567 NAVAHO AVE.

City-State-Zip: JACKSONVILLE FL 32210