

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC1650626751**

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

**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

**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:** JANE PEDRICK

**DIRECTOR OF CORPORATION**

**02/15/2017**

\_\_\_\_\_  
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