

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700934

FILED
Jan 16, 2014
Secretary of State
CC7531944832

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

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

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

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

Title DIRECTOR
Name JUDGE, ROSABELLE
Address 1596 LANCASTER TERR.
7A
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name STEVENS, LEROY
Address 4748 AVON LN
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name WOOD, PEGGY
Address 2970 ST JOHNS AVE
12G
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name COCHRAN, JAMES
Address 10503 BEVERLY NALLE RD.
City-State-Zip: JACKSONVILLE FL 32225

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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: LISA CUSIMANO

ZVHURH ADMIN

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JONES, WILLIAM
Address 2348 HERSCHEL ST.
 3
City-State-Zip: JACKSONVILLE FL 32204