

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 702095 (1)**

1. Corporation Name

**RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID  
A, INC.**

Principal Place of Business

Mailing Address

**RIVERVIEW BAPTIST CHURCH  
1941 BELVEDERE STREET  
JACKSONVILLE FL 32208  
US****RIVERVIEW BAPTIST CHURCH  
1941 BELVEDERE ST.  
JACKSONVILLE FL 32208-2211  
US**3. Date Incorporated or Qualified  
**03/03/1961**3a. Date of Last Report  
**03/11/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-6019815**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, DAVID  
1941 BELVEDERE ST.  
JACKSONVILLE FL 32208**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Knight*  
Signature, typed or printed name of registered agent and title if applicable**David Knight, Pastor****1-6-97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **KNIGHT, DAVID**  
STREET ADDRESS **1507 BASSETT ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL 32208**1.1 TITLE **Trustee** ☐ Change ☒ Addition  
1.2 NAME **Lewis Gilliard**  
1.3 STREET ADDRESS **9073 Washington Ave.**  
1.4 CITY - ST - ZIP **Jax., Fl. 32208**TITLE **T** ☒ DELETE  
NAME **ALLEN, JACK**  
STREET ADDRESS **10513 DODD RD.**  
CITY - ST - ZIP **JACKSONVILLE FL**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE **T** ☐ DELETE  
NAME **CARVER, INEZ**  
STREET ADDRESS **10710 MEADOWLEA DRIVE**  
CITY - ST - ZIP **JACKSONVILLE FL 32218**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE **T** ☐ DELETE  
NAME **YOUNGBLOOD, IMOGENE**  
STREET ADDRESS **1737 BASSETT ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE **T** ☐ DELETE  
NAME **MORTON, JEANETTE**  
STREET ADDRESS **1452 BASSETT ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *David Knight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**David Knight, Pastor****1-6-97 904-764-4509**

Date

Daytime Phone #0005023

CR2E037 (9/96)