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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702095** (1)
1. Corporation Name
**RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID
A, INC.**

Principal Place of Business RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE STREET JACKSONVILLE FL 32208 US	Mailing Address RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE ST. JACKSONVILLE FL 32208 US
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3. Date Incorporated or Qualified
03/03/1961

4. FEI Number **59-6019815** ☒ Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, PASTOR** 1-9-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS GILLIARD
STREET ADDRESS	9073 WASHINGTON AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JACK
STREET ADDRESS	10513 DODD RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	CARVER, INEZ
STREET ADDRESS	10710 MEADOWLEA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGBLOOD, IMOGENE
STREET ADDRESS	1737 BASSETT ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, JEANETTE
STREET ADDRESS	1452 BASSETT ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRUSTEE
1.3 STREET ADDRESS	WALTER LUNDQUIST
1.4 CITY-ST-ZIP	3523 SOUTEL DRIVE JAX., FL 32208
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRUSTEE
2.3 STREET ADDRESS	BOBBIE HARRIS
2.4 CITY-ST-ZIP	3675 DEERFIELD COUNTRY CLUB ROAD CALLAHAN, FL 32011
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TRUSTEE
3.3 STREET ADDRESS	LEWIS GILLIARD
3.4 CITY-ST-ZIP	9073 WASHINGTON AVE. JAX., FL 32208
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, PASTOR**

1-9-98

CR2E037 (10/97)