

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 702095**

1. Entity Name

RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90011 049 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LUNDQUIST, WALTER
3523 SOUDEL DR
JACKSONVILLE FL 32208** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARRIS, BOBBIE
3675 DEERFIELD COUNTRY CLUB ROAD
CALLAHAN FL 32011** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARVER, INEZ
10710 MEADOWLEA DRIVE
JACKSONVILLE FL 32218** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LEWIS, GILLIARD
9073 WASHINGTON AVE
JACKSONVILLE FL 32208** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRUSTEE
CHARLES CARTER
9721 SAPPINGTON AVE
JACKSONVILLE, FL 32208** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Knight* **DAVID KNIGHT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001

904-764-4509

Date

Daytime Phone #

CR2E037 (10/00)