

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 702095

FILED
Jan 13, 2003
Secretary of State

Entity Name: RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

RIVERVIEW BAPTIST CHURCH
1941 BELVEDERE STREET
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

RIVERVIEW BAPTIST CHURCH
1941 BELVEDERE ST.
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-6019815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LUNDQUIST, WALTER
Address: 3523 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: HARRIS, BOBBIE
Address: 3675 DEERFIELD COUNTRY CLUB ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: CARVER, INEZ
Address: 10710 MEADOWLEA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: CARTER, CHARLES
Address: 9721 SAPPINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: INEZ CARVER

T

01/13/2003

Electronic Signature of Signing Officer or Director

Date