2008 NOT-FOR-PROFIT CORPORATION

Apr 04, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # 707456** 04-04-2008 90026 026 ****61.25 RIDGEVIEW BAPTIST CHURCH OF GAINESVILLE, FLORIDA, INC. Principal Place of Business Mailing Address 3508 N W 19 STREET GAINESVILLE FL 32605 3508 N W 19 STREET GAINESVILLE FL 32605 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-1529056 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, GLENN Street Address (P.O. Box Number is Not Acceptable) 5331 NW 4TH PLACE P O BOX 2543 GAINESVILLE FL 32602 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent signature red ared when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State Killer die 1 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Change · ☐ Addition RILEY, JAMES NAME NAME 1520 SE 25TH AVE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641 CITY-ST-ZIP CITY-ST-ZIP Richard Lembke 3236 N.W. 27 Ave ★ Addition TITLE Delete TITLE SCHOL, HENRY L MAME NAME 7712 NE 62ND WAY STREET ADDRESS STREET ADDRESS GAINESU: 11e, Fl. 32605 CITY- ST- ZIP **GAINESVILLE FL 32609** CITY-ST-ZIP THE TITLE ☐ Delete ☐ Addition ROBERTS, GLENN NAME NAME STREET ADDRESS POB 2543 STREET ADDRESS GAINESVILLE FL 32602 CITY-ST-ZIP CITY-ST-ZIP TITLE Dalete TITLE Change ☐ Addition WHITE, JOHN NAME NAME 1628 NW 35TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP TITLE Delete TITLE Change Addition ADDISON, AL NAME NAME 2045 NW 36TH AVE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

STREET ADDRESS

DITY-ST-7IP

TITLE

NAME

SIGNATURE: S

ROBERTS, DREXEL

3300 NW 26TH AVE.

GAINESVILLE FL 32605

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition