

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90109 022 \*\*\*\*70.00

<b>DOCUMENT # 708491</b>							
<b>1. Entity Name</b> THE RIVERSIDE PRESBYTERIAN CHURCH OF JACKSONVILLE, FLORIDA							
<b>Principal Place of Business</b> 849 PARK STREET JACKSONVILLE, FL 32204 US			<b>Mailing Address</b> 849 PARK STREET JACKSONVILLE, FL 32204 US				
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country					
04042006    Chg-NP    CR2E037 (11/05)			<b>4. FEI Number</b> 59-0855404		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For							
Not Applicable							
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			<b>6. Name and Address of Current Registered Agent</b>  MOSELEY, LINDA C 1880 EDGEWOOD AVE. S JACKSONVILLE, FL 32205-9118				
<b>7. Name and Address of New Registered Agent</b>  Name <b>GILBERT, SHERRICK J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3842 REEDPOND DRIVE NORTH</b>  City <b>JACKSONVILLE</b> FL    Zip Code <b>32223</b>			<b>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.</b>  SIGNATURE: <i>J. Sherrick Gilbert</i> DATE: <b>4/23/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEPARD, BRYAN J JR.		NAME	GILBERT, SHERRICK J	(NO CHANGE)		
STREET ADDRESS	1651 BEACH AVE.		STREET ADDRESS	3842 REEDPOND DRIVE			
CITY-ST-ZIP	ATLANTIC BEACH, FL 322335840		CITY-ST-ZIP	JACKSONVILLE, FL 32223			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GILBERT, SHERRICK J		NAME	SHIRLEY BALLOWE			
STREET ADDRESS	3842 REED POND DR.		STREET ADDRESS	9927 FAWN BROOK DRIVE			
CITY-ST-ZIP	JACKSONVILLE, FL 322234816		CITY-ST-ZIP	JACKSONVILLE, FL 32256			
TITLE	P	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GILBERT, SHERRICK J		NAME	JACK LOTZ			
STREET ADDRESS	3842 REED POND DR		STREET ADDRESS	3917 BUENA VISTA AVE.			
CITY-ST-ZIP	JACKSONVILLE, FL 322234816		CITY-ST-ZIP	JACKSONVILLE, FL 32210			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOCKWOOD, NORMA D		NAME	ROBERT L. GITTINAS			
STREET ADDRESS	4844 ARAPAHOE AVE		STREET ADDRESS	5137 ARAPAHOE AVE.			
CITY-ST-ZIP	JACKSONVILLE, FL 322107624		CITY-ST-ZIP	JACKSONVILLE, FL 32210			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>							
<b>SIGNATURE:</b> <i>J. Sherrick Gilbert</i> <b>J. SHERRICK GILBERT</b>			<b>4/23/06</b> <b>904-880-3024</b>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>				