

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708491

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** THE RIVERSIDE PRESBYTERIAN CHURCH OF JACKSONVILLE, FLORIDA

**Current Principal Place of Business:**

849 PARK STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

849 PARK STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:** 59-0855404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PLATT III, HARRY T  
4376 ROMA BLVD  
JACKSONVILLE, FL 32210 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: P ( ) Delete  
Name: PLATT III, HARRY T  
Address: 4376 ROMA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete  
Name: BALLOWE, SHIRLEY L  
Address: 9927 FAWN BROOK DR  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S ( ) Delete  
Name: WEAVER, KAREN  
Address: 4918 PRINCE EDWARD ROAD  
City-St-Zip: JACKSONVILLE, FL 32210 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: POMAR III, GILBERT J  
Address: 4751 ALGONQUIN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HARRY THOMAS PLATT III

P

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date