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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711687 (4)

1. Corporation Name

RIVERSIDE ASSEMBLY OF GOD, INCORPORATED

Principal Place of Business

Mailing Address

2978 DOWNING STREET
JACKSONVILLE FL 32205-7570

2978 DOWNING STREET
JACKSONVILLE FL 32205-7570



3. Date Incorporated or Qualified
10/25/1966

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1371088

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, OLIN
2978 DOWNING STREET
JACKSONVILLE FL 32205

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMAS, CHARLES H. REV.
STREET ADDRESS 2978 DOWNING STREET
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE
1.2 NAME CHARLES THOMAS PD
1.3 STREET ADDRESS 7057 SENECA AV
1.4 CITY-ST-ZIP JAX, FL 32211

TITLE D
NAME COFFIN, RODNEY
STREET ADDRESS 8458 RUCKMAN AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE
2.2 NAME BILL HOLLOWAY
2.3 STREET ADDRESS 8950 CRYSTAL SPRINGS RD
2.4 CITY-ST-ZIP JAX, FL 32221

TITLE STD
NAME GRIFFIN, OLIN
STREET ADDRESS 3204 LANSDELL DR.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME BOB GRAY STD
3.3 STREET ADDRESS 8950 CRYSTAL SPRINGS RD
3.4 CITY-ST-ZIP JAX FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles H. Thomas

3-10-97

904-781-6107

CR2E037 (9/96)