FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90085 047 ****61.25

DOCUMENT # 731464

Corporation Name

RIVERVIEW HEIGHTS MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business
1301 E. MAIN ST.
P. O. BOX 581
WAUCHULA FL 33873
US

Mailing Address
HIGHWAY 64 A EAST
P. O. BOX 581
WAUCHULA FL 33873

		<u>*</u>		81	Name				
رند	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
24	25	29	30				Trust Fund Contribution	Added to Fees	
	Zip Country	Zip	Col	intry		6.	Election Campaign Financing	\$5.00 May Be	
23		28						Fee Required	
	City & State	City & State				5.	Certificate of Status Desired	\$8.75 Additional	
22		27					59-1794514	Not Applicable	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				4.	FEI Number	Applied For	
21		26	_				12/26/1974	·*	
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address			3.			

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RADDOCK (THOMAS C.)	82	Street Address (P.O. Box Number is Not Acceptable)
WAUCHULA FL 33873	83	
	84	City

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.

agent. I a	m tamiliar with, and accept the obligations of, Sec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ua Dialules.			
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable (NOTE:	Registered Agent signature require	d when reinstating) DA	TE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	BRADDOCK THOMAS C		1.2 NAME		•	
STREET ADDRESS	HWY 64 WEST		1.3 STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY+ST+ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	BRADDOCK, JAMES A		2.2 NAME			
STREET ADDRESS	312 PARK DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA FL		2. 4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	SUTTON, PAUL D.		3.2 NAME			
STREET ADDRESS	314 PARK DRIVE		3 3 STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	•		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OUT OT THE			6.4 CITY-ST-ZIP			

14. I 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 or Block 13 or no an attagment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 941-773-3344

K2E037 (11/98)

Zip Code

85