

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 741743**

1. Entity Name

RIVERLAND BAPTIST CHURCH, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90043 018 ****61.25

Principal Place of Business	Mailing Address
1501 RIVERLAND ROAD FORT LAUDERDALE FL 33312	1501 RIVERLAND ROAD FORT LAUDERDALE FL 33312-3929

710283

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-2141962	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****LYONS, VERNON**
1721 SW 47 TERR
FT LAUDERDALE FL 33317

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

FL | 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TR	LYONS, VERNON	1721 SW 47 TERRACE	FT. LAUDERDALE FL 33317	<input type="checkbox"/>
TR	LAMB, RICHARD	2849 SW 16 STREET	FT LAUDERDALE FL 33312	<input type="checkbox"/>
TR	TILLMAN, BOB	625 SW 13 AVENUE	FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/>
M	STOLARZ, STEVE	3110 SW 22 COURT	FT LAUDERDALE FL 33312	<input type="checkbox"/>
D	BOORSE, GARRY	529 SW 22 AVENUE	FT. LAUDERDALE FL 33312	<input type="checkbox"/>
T	BERTIE PITTMAN	3370 SW 17TH ST	FT LAUDERDALE FL 33312	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TR	Gene Ratliff	3221 Jackson Blvd	Ft. Lauderdale, FL 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TR/C	Garry Boorse	529 NW 22 Ave.	Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Mary Ida Lamb	2849 SW 16 Street	Ft. Lauderdale, FL 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

(954) 583-8902

Daytime Phone #