


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 046 ****61.25

DOCUMENT # 748955	
1. Entity Name RICHMOND AVENUE BAPTIST CHURCH, INC.	

Principal Place of Business 304 N. RICHMOND AVE. LEHIGH ACRES, FL 33972-5053 US	Mailing Address 304 N. RICHMOND AVE. LEHIGH ACRES, FL 33936 US
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40104539



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05052008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-2801696	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSWALT, LYDIA 707 ARIANNE CT LEHIGH ACRES, FL 33936	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, JOSEPH M 14 EDWARD AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSWALT, LYDIA 707 ARIANNE CT. LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HULL, BARBARA 12 MASSCHUETTS RD LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLEMAN, MIKE SR. 2404 ATLANTIC CR. LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Lydia Oswald Date: 5-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40104539



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Business Entity Name RICHMOND AVENUE BAPTIST CHURCH, INC.

FEI Number 59 - 2801696

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 304 N. RICHMOND AVE. (PO Box not acceptable)

Suite, Apt. #, etc.

City, State LEHIGH ACRES, FL

Zip Code & Country 339725053 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

Mailing address same as principal address

Address 304 N. RICHMOND AVE.

Suite, Apt. #, etc.

City, State LEHIGH ACRES, FL

Zip Code & Country 33936 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) OSWALT LYDIA

- OR -

Business to serve as RA

40104539
748955

Name (Last, First, Middle, Title)

HULL, BARBARA

- OR -

Entity Name to serve as Officer/Director

Street Address

12 MASSCHUETTS RD

City, State

LEHIGH ACRES, FL

Zip Code & Country

33936

Name And Address #4

Title

TD

Name (Last, First, Middle, Title)

TOLEMAN, MIKE, SR.

- OR -

Entity Name to serve as Officer/Director

Street Address

2404 ATLANTIC CR.

City, State

LEHIGH ACRES, FL

Zip Code & Country

33972

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address