

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748955

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** RICHMOND AVENUE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

304 N. RICHMOND AVE.  
LEHIGH ACRES, FL 339725053 US

**New Principal Place of Business:**

304 N. RICHMOND AVE.  
LEHIGH ACRES, FL 339361353 US

**Current Mailing Address:**

304 N. RICHMOND AVE.  
LEHIGH ACRES, FL 33936 US

**New Mailing Address:**

304 N. RICHMOND AVE.  
LEHIGH ACRES, FL 339361353 US

**FEI Number:** 59-2801696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSWALT, LYDIA  
707 ARIANNE CT  
LEHIGH ACRES, FL 33936 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: TD ( ) Delete  
Name: STEWART, JOSEPH M  
Address: 14 EDWARD AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD ( ) Delete  
Name: OSWALT, LYDIA  
Address: 707 ARIANNE CT.  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD ( ) Delete  
Name: HULL, BARBARA  
Address: 12 MASSCHUETTS RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD ( ) Delete  
Name: TOLEMAN, MIKE SR.  
Address: 2404 ATLANTIC CR.  
City-St-Zip: LEHIGH ACRES, FL 33972

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

Title: TD (X) Change ( ) Addition  
Name: STEWART, JOSEPH M  
Address: 14 EDWARD AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

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

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

Title: TD (X) Change ( ) Addition  
Name: TOLEMAN, MIKE SR.  
Address: 2404 ATLANTIC CR.  
City-St-Zip: LEHIGH ACRES, FL 33936

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: LYDIA OSWALT

PRES

02/03/2009

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

\_\_\_\_\_  
Date