

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90142 031 \*\*\*\*61.25

**DOCUMENT # 752553**

1. Entity Name

RIVER ROAD BAPTIST CHURCH, INC.



Principal Place of Business

344 WEST RIVER ROAD  
PALATKA FL 32177-9619

Mailing Address

RIVER ROAD BAPTIST CHURCH, INC  
226 HARBOR DRIVE  
PALATKA FL 32177  
US

40007320



1st MOORE

CR2E037 (10/04)

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

59-2395979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASON, WINNIE  
509 W. RIVER RD  
PALATKA FL 32177

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | HOELTZEL, EMIL W. JR. |  |
| STREET ADDRESS | 124 RIVER RD DR       |  |
| CITY-ST-ZIP    | PALATKA FL 32177      |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | ALLER, BRUCE          |  |
| STREET ADDRESS | 226 HARBOR DRIVE      |  |
| CITY-ST-ZIP    | PALATKA FL 32177      |  |
| TITLE          | SD-                   | <input checked="" type="checkbox"/> Delete |
| NAME           | CASON, WINNIE         |  |
| STREET ADDRESS | 509 W. RIVER RD.      |  |
| CITY-ST-ZIP    | PALATKA FL 32177      |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | GEORGE, HARRIS B. JR. |  |
| STREET ADDRESS | 217 W RIVER RD        |  |
| CITY-ST-ZIP    | PALATKA FL 32177      |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | FLOYD, ANDREW J JR    |  |
| STREET ADDRESS | 226 HARBOR DR.        |  |
| CITY-ST-ZIP    | PALATKA FL 32177      |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | HOELTZEL, FLORRIE     |  |
| STREET ADDRESS | 124 RIVER RD DR       |  |
| CITY-ST-ZIP    | PALATKA FL 32177      |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | SD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Emil Heltzel                 |  |
| STREET ADDRESS | 124 River Rd. Dr.            |  |
| CITY-ST-ZIP    | Palatka, FL 32177            |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jimmy Freeland               |  |
| STREET ADDRESS | 342 West River Rd. Lot 2     |  |
| CITY-ST-ZIP    | Palatka, FL 32177            |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Fred Jaiilet                 |  |
| STREET ADDRESS | 465 West River Rd.           |  |
| CITY-ST-ZIP    | Palatka, FL 32177            |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Cecil Hess                   |  |
| STREET ADDRESS | 5776 Knollwood Dr.           |  |
| CITY-ST-ZIP    | Green Cove Springs, FL 32043 |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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:**

*Bruce Aller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

386-328-1035

Daytime Phone #