

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752553

FILED
Apr 08, 2009
Secretary of State

Entity Name: RIVER ROAD BAPTIST CHURCH, INC.

Current Principal Place of Business:

344 W RIVER RD
PALATKA, FL 321779619

New Principal Place of Business:

Current Mailing Address:

RIVER ROAD BAPTIST CHURCH
344 W RIVER RD
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-2395979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HESS, CECIL
5776 KNOLLWOOD DR
GREEN COVE SPRINGS, FL 32043 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: ST () Delete
Name: MCCLELLAN, THERESA
Address: 146 LETTIE LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MCCLELLAN, LARRY
Address: 146 LETTIE LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: FREELAND, JIMMY
Address: 117 RIVER ROAD DRIVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: PARRISH, KEVIN
Address: 116 KING FISH AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: HESS, CECIL
Address: 5776 KNOLLWOOD DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: WILKINSON, LEE
Address: 106 RANCHETTE WY
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MUSGROVE, BRIAN
Address: 173 LETTIE LANE
City-St-Zip: PALATKA, FL 32177

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

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

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

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: THERESSA MCCLELLAN

ST

04/08/2009

Electronic Signature of Signing Officer or Director

Date