

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761807 (7)
1. Corporation Name
RIVER ROAD COMMUNITY HOLINESS CHURCH INC.



Principal Place of Business
**S/R 121
HILLIARD FL**

Mailing Address
**POST OFFICE BOX 2016
CALLAHAN FL 32011**

3. Date Incorporated or Qualified
02/09/1982

4. FEI Number
59-3354363

Applied For
☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1820 Hyde Park Place	26 1820 Hyde Park Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 JAX, FL.	28 JAX, FL.
Zip	Zip
24 32210	29 32210
Country	Country
25 USA	30 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fee**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWELL, EARL EDWARD
844 NIRA ST.
JACKSONVILLE FL 32207**

81 Name	EARL E. ROWELL
82 Street Address (P.O. Box Number is Not Acceptable)	1820 HYDE PARK PL.
83	
84 City	JAX, FL
85 Zip Code	32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Earl E. Rowell**

2-18-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROWELL, EARL E	
STREET ADDRESS	4836 SAPPHO AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROWELL, SHERRI	
STREET ADDRESS	4836 SAPPHO AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SORBER, SHERI L	
STREET ADDRESS	RT. 2, BOX 344K	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EARL E. ROWELL	
1.3 STREET ADDRESS	1820 HYDE PARK PL.	
1.4 CITY-ST-ZIP	JAX, FL 32210	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHERRI ROWELL	
2.3 STREET ADDRESS	1820 HYDE PARK PL.	
2.4 CITY-ST-ZIP	JAX, FL 32210	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA L. ROWELL	
3.3 STREET ADDRESS	1820 HYDE PARK PLACE	
3.4 CITY-ST-ZIP	JAX, FL 32210	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Earl E. Rowell

Date

2/18/98

Residence Phone #

CP2E037 (10/97)