2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001207

Entity Name: RIVER CITY CHURCH, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2218 PARK STREET JACKSONVILLE, FL 32204 US **Current Mailing Address: New Mailing Address:** 2218 PARK STREET JACKSONVILLE, FL 32204 US FEI Number: 20-0684686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAULK, MARTHA F MRS. 2218 PARK STREET JACKSONVILLE, FL 32204 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARDINGTON, SHANNON MRS. Name: Name: 2218 PARK STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SMITH, TAYLOR MR. Name: GASTON, CHRIS MR. Name: Address: 2218 PARK STREET Address: 2218 PARK STREET City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: JACKSONVILLE, FL 32204 US Title: () Delete Title: (X) Change () Addition CHUPP, CHARLES JR. MR. VODENICKER, KATHI MRS. Name: Name: 2218 PARK STREET Address: Address: 2218 PARK STREET City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: JACKSONVILLE, FL 32204 US Title: D () Delete Title: () Change () Addition MCNULTY, THAD MR. Name: Name: 2218 PARK STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: Title: () Delete Title: (X) Change () Addition COLEMAN, ELIZABETH MRS. COLEMAN, RUTLEDGE DR. Name: Name: 2218 PARK STREET 2218 PARK STREET Address: Address: JACKSONVILLE, FL 32204 US City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204 US Title: () Delete Title: () Change (X) Addition CHRITTON, KIRBY MR. Name: Name: Address: Address: 2218 PARK STREET JACKSONVILLE, FL 32204 City-St-Zip: 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: MARTHA F. PAULK MS. 01/30/2008