

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001207

FILED
Apr 15, 2009
Secretary of State

Entity Name: RIVER CITY CHURCH, INC.

Current Principal Place of Business:

2218 PARK STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

1104 OSCEOLA STREET
JACKSONVILLE, FL 32204 US

Current Mailing Address:

2218 PARK STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

1104 OSCEOLA STREET
JACKSONVILLE, FL 32204 US

FEI Number: 20-0684686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAULK, MARTHA F MRS.
2218 PARK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

PAULK, MARTHA F MRS.
1104 OSCEOLA 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARDINGTON, SHANNON MRS.
Address: 2218 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: GASTON, CHRIS MR.
Address: 2218 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: VODENICKER, KATHI MRS.
Address: 2218 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: MCNULTY, THAD MR.
Address: 2218 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: COLEMAN, RUTLEDGE DR.
Address: 2218 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: CHRITTON, KIRBY MR.
Address: 2218 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARTHA F. PAULK

MS.

04/15/2009

Electronic Signature of Signing Officer or Director

Date