
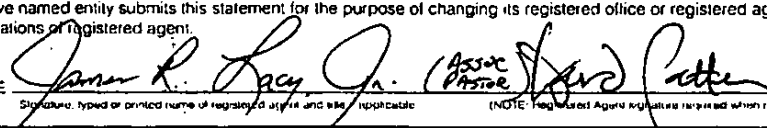
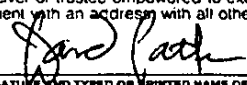


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90186 047 \*\*\*\*61.25

<b>DOCUMENT # N05000001009</b> 1. Entity Name <b>RIVER CROSS CHURCH, INC.</b>					
Principal Place of Business <b>2909 SW 98TH DRIVE GAINESVILLE FL 32608</b>				Mailing Address <b>2909 SW 98TH DRIVE GAINESVILLE FL 32608</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2612 SW 98th Drive Gainesville, FL</b>			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number <b>20-2255881</b>	
Zip <b>32608</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LACY, JAMES R JR. 2909 SW 98TH DRIVE GAINESVILLE FL 32608</b>				7. Name and Address of New Registered Agent Name <b>David Patterson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2612 SW 98th Drive</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32608</b>	
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  DATE <b>4.14.06</b> <small>(NOTE: Registered Agent's signature required when removing)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Delete <b>President</b> NAME <b>David Patterson</b> STREET ADDRESS <b>2612 SW 98th Dr</b> CITY-ST-ZIP <b>Gainesville, FL 32608</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete <b>Board</b> NAME <b>Roy Jarrell</b> STREET ADDRESS <b>3820 SW 78th St</b> CITY-ST-ZIP <b>Gainesville, FL 32608</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete <b>Treasurer</b> NAME <b>Josh Kimmell</b> STREET ADDRESS <b>1016 NW 87th Way</b> CITY-ST-ZIP <b>Gainesville, FL 32606</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 				Date <b>4.14.06</b> Daytime Phone # <b>352.331.2660</b>	