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

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # N05000009575 1. Entity Name 04-04-2006 90048 012 ****61.25 RIVER CITY BIBLE CHURCH OF JACKSONVILLE, FLORIDA, INC. Principal Place of Business Mailing Address 10258 TREVOR CREEK DRIVE W JACKSONVILLE FL 32257 10258 TREVOR CREEK DRIVE W JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable 75-3192939 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRANE, WILLIAM A JR Street Address (P.O. Box Number is Not Acceptable) 7594 SAN JOSE BOULEVARD JACKSONVILLE FL 32217 Zip Code 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. William A. Crane, Jr March 27, 2006 SIGNATURE _ Signature, typed or printed name of registered agent and little if applicable FILE NOW: FEE IS \$61.25 Due By May 1, 2006 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D BELLAMY, BRET W PASTOR TITLE Change | TITLE ☐ Delete Addition President NAME NAME 10258 TREVOR CREEK DRIVE W STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Vice-President CRANE, WILLIAM A JR NAME NAME 7594 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP CRY-ST-ZIP Delete TITLE ☐ Change Addition TITLE Treasurer COSTNER, MATTHEW W NAME NAME STREET ADDRESS Secretary STREET ADDRESS 10237 EMMA LAKES DR CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-2IP ☐ Delete TITLE Change Addition WILLIAMS, JAMES L NAME NAME 3801 WINDRIDGE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-7/P ☐ Change TITLE X XOetete TITLE ☐ Addition SHACKELFORD, KAREN S MRS NAME NAME 6322 LAKE PLANTATION DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental 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, win all other like empowered.

FILED

Bret W. Bellamy 3/27/06 SIGNATURE: 904-262-7567