

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N35494

Entity Name: RIVER CITY BAPTIST CHURCH INCORPORATED

**Current Principal Place of Business:**

1627 WOFFORD AVE.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 500525.  
MARATHON, FL 33050

**New Mailing Address:**

FEI Number: 59-1836633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STANECKER, BETTY J  
#1 KNIGHTS KEY BLVD. #10  
MARATHON, FL 33050      US

**Name and Address of New Registered Agent:**

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:**

Title: D      ( ) Delete  
Name: HANVEY, ED  
Address: 8847 RICARDO  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD      ( ) Delete  
Name: STALNECKER, BETTY J  
Address: #1 KINGHTS KEY BLVD. #10  
City-St-Zip: MARATHON, FL 33050

Title: STD      ( ) Delete  
Name: SHINN, RHONDA K  
Address: 1627 WOFFORD AVE,  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: HENDRICK, PAUL  
Address: 8302 STAGHORN  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP      ( ) Delete  
Name: STALNECKER, MARTIN R  
Address: 1627 WOFFORD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD      ( ) Delete  
Name: CRAWFORD, JOSEPH R  
Address: #1 KNIGHTS KEY BLVD. #O28  
City-St-Zip: MARATHON, FL 33050

**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 for the exemption stated in Section 119.07(3)(i), 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: BETTY J. STALNECKER

PD

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date