

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N35494

**FILED**  
**Feb 13, 2014**  
**Secretary of State**

**Entity Name:** RIVER CITY BAPTIST CHURCH INCORPORATED

**Current Principal Place of Business:**

3865 S. SANDPIPER TERRACE  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

3865 S. SANDPIPER TERRACE  
HOMOSASSA, FL 34448 UN

**Current Mailing Address:**

3865 S. SANDPIPER TERRACE  
HOMOSASSA, FL 34448

**New Mailing Address:**

231 MAYO ROAD  
NEW HOPE, AL 35760 US

**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  
3865 S. SANDPIPER  
HOMOSASSA, FL 34448 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:** BETTY JEAN STALNECKER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** STALNECKER, BETTY J  
**Address:** 3865 S. SANDPIPER TERRACE  
**City-St-Zip:** HOMOSASSA, FL 34428 US

**Title:** VP/D  
**Name:** CRAWFORD, JOSEPH R  
**Address:** 231 MAYO ROAD  
**City-St-Zip:** NEW HOPE, AL 35760

**Title:** S/T  
**Name:** KEETON, RHONDA K  
**Address:** 12798 GEORGIA HIGHWAY  
**City-St-Zip:** JULIETTE, GA 31046

**Title:** VP/D  
**Name:** STALNECKER, MARTIN R  
**Address:** 429 FOREST MEADOW LANE  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** D  
**Name:** CRAWFORD, AMY L  
**Address:** 231 MAYO ROAD  
**City-St-Zip:** NEW HOPE, AL 35760 US

**Title:** D  
**Name:** KEETON, JOEL C  
**Address:** 12798 GEORGIA HIGHWAY  
**City-St-Zip:** JULIETTE, GA 31046 US

I hereby 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 all other like empowered.

**SIGNATURE:** BETTY JEAN STALNECKER

P/D

02/13/2014

Electronic Signature of Signing Officer or Director

Date