


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90148 022 \*\*\*\*61.25

<b>DOCUMENT # N44349</b> 1. Entity Name RIVERSIDE BAPTIST CHURCH OF GILCHRIST COUNTY, INC.	
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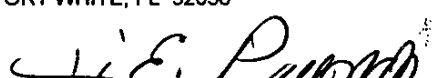
Principal Place of Business 10760 NW 5TH AVENUE BRANFORD, FL 32008 US	Mailing Address 658 LONGHORN TERRACE FORT WHITE, FL 32038 US
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01082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3096602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PADGETT, JIMMY 658 LONGHORN TERRACE FORT WHITE, FL 32038  
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**DO NOT WRITE  
IN THIS SPACE**

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 <u>J.E. PADGETT</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.  DATE <u>MARCH 15TH 2006</u>
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BROOKS, DAVID R 12979 NW 5TH AVENUE BRANFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PADGETT, JIMMY 658 LONGHORN TERRACE FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, LOYD 2191 NW 87TH PLACE BELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSWELL, ANDREW S 23854 HIGHWAY 129 O BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, ALLEN 17 NE CR 138 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, ROY 9749 NW 49TH AVE BRANFORD, FL 32008  <i>* Change ARTHUR MAYO, JR. 609 N.W. 96TH PL. BRANFORD FL 32008</i>

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>David R. Brooks</u> <u>March 15, 2006</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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