

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44493** (7)
1. Corporation Name
RIVERSIDE GARDENS BAPTIST CHURCH, INC.



Principal Place of Business: **507 CASSAT AVENUE JACKSONVILLE FL 32254 US**
Mailing Address: **507 CASSAT AVENUE JACKSONVILLE FL 32254 US**

3. Date Incorporated or Qualified: **07/30/1991**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-3093617**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**REV. JOSEPH L. GIFFIN
1057 CONGLETON TERRACE
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent
81 Name: **Rev. JOHN E. ANGLIN**
82 Street Address (P.O. Box Number is Not Acceptable): **2278 OXBOW ROAD**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32210**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *John E. Anglin* (Signature) **MARCH 23, 1996** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GIFFIN, JOSEPH L.	
STREET ADDRESS	1057 CONGLETON TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARNAGE, GERALD	
STREET ADDRESS	4842 ROSSELLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	VANNOORDT, JAMES	
STREET ADDRESS	5121 COLUMBUS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGLIN, JOHN E.	
1.3 STREET ADDRESS	2278 OXBOW ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDERSON, Joseph	
3.3 STREET ADDRESS	2812 TEAL LANE	
3.4 CITY-ST-ZIP	MIDDLETOWN, FLORIDA 32068	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John E. Anglin* (Signature) **MARCH 23, 1996** (DATE)
Home 904-783-3041
Beeper 515-3032
Church 904-389-0343

CR2E037 (12/95)