

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44527

FILED
Sep 12, 2007
Secretary of State

Entity Name: RIVER CITY FAMILY CHURCH, INC.

Current Principal Place of Business:

6500 WEST 5TH STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

6500 WEST 5TH STREET
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3066341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BABBITT, JEFFREY D
1650 MCCAUL RD
JACKSONVILLE, FL 32220 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: P () Delete
Name: ELLISON, GLENN
Address: 1652 DOLPH ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: VP () Delete
Name: SILCOX, WILLIAM S
Address: 6780 CISCO GARDENS RD. W.
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: TD () Delete
Name: BABBITT, JEFFREY D
Address: 1650 MCCAUL ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: D () Delete
Name: TURNER, DANIEL
Address: 4825 SEFA CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D () Delete
Name: ELLISON, SHEILA
Address: 1652 DOLPH ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JEFFREY D. BABBITT

TD

09/12/2007

Electronic Signature of Signing Officer or Director

_____ Date