


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90071 012 ****61.25

DOCUMENT # N50876 1. Entity Name RIVERSIDE AVENUE CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.			
Principal Place of Business 2841 RIVERSIDE AVENUE JACKSONVILLE FL 32205		Mailing Address 2841 RIVERSIDE AVENUE JACKSONVILLE FL 32205	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HULL, RICHARD J II 2841 RIVERSIDE AVE JACKSONVILLE FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 59-0917280	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
SIGNATURE _____		DATE _____	



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CPD	TITLE	CPD
NAME	ALEXANDER, JO	NAME	Richardson, Dan
STREET ADDRESS	2841 RIVERSIDE AVE	STREET ADDRESS	2841 Riverside Avenue
CITY - ST - ZIP	JACKSONVILLE FL 32205	CITY - ST - ZIP	Jacksonville FL 32205
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD	TITLE	VD
NAME	SAID, DON	NAME	Eddie, Sherce
STREET ADDRESS	2841 RIVERSIDE AVE	STREET ADDRESS	2841 Riverside Avenue
CITY - ST - ZIP	JACKSONVILLE FL 32205	CITY - ST - ZIP	Jacksonville FL 32205
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	UMBERGER, GREG	NAME	
STREET ADDRESS	2841 RIVERSIDE AVE.	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	MCCLURE, CORINNE	NAME	
STREET ADDRESS	2841 RIVERSIDE AVE.	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Greg D. UMBERGER* 3/27/07 904 389-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR