

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90036 010 ****61.25

DOCUMENT # N94000000795

1. Entity Name

RIVER GARDENS BAPTIST CHURCH, INC.



Principal Place of Business

3429 W. DUNNELLON RD.
DUNNELLON FL 34433

Mailing Address

3429 W. DUNNELLON RD.
DUNNELLON FL 34433



2. Principal Place of Business

3429 W. DUNNELLON RD

Suite, Apt. #, etc.

3. Mailing Address

3429 W. DUNNELLON RD.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

DUNNELLON, FLORIDA

Zip

34433

Country

CITRUS

City & State

DUNNELLON, FLORIDA

Zip

34433

Country

CITRUS

4. FEI Number

59-2984976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBER PD, REV WAINLY M
7295 W. RIVERBEND ROAD
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Wainly M Barber

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3/23/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BARBER, WAINLY JR
STREET ADDRESS 7295 W. RIVERBEND RD.
CITY-ST-ZIP DUNNELLON FL 34433

TITLE SD ☐ Delete
NAME GLENN, JULIE K
STREET ADDRESS 3429 W. DUNNELLAN RD
CITY-ST-ZIP DUNNELLON FL 34433

TITLE TD ☐ Delete
NAME CHADWICK, DORTHY I
STREET ADDRESS 3429 W. DUNNELLON RD
CITY-ST-ZIP DUNNELLON FL 34433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Julie B Glenn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-489-1933 3/23/06

Date

Daytime Phone