


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N94000000795 1. Entity Name RIVER GARDENS BAPTIST CHURCH, INC. |  |
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| Principal Place of Business 3429 W. DUNNELLON RD. DUNNELLON, FL 34433 | Mailing Address 3429 W. DUNNELLON RD. DUNNELLON, FL 34433 |
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01052007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2984976 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BARBER PD, REV WAINLY M 7295 W. RIVERBEND ROAD DUNNNELLON, FL 34433 |
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| 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>Wainly M. Barber Jr</u> <u>3/20/07</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |
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| Filing 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARBER, WAINLY JR 7295 W. RIVERBEND RD. DUNNELLON, FL 34433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GLENN, JULIE K 3429 W. DUNNELLAN RD DUNNELLON, FL 34433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CHADWICK, DORTHY I 3429 W. DUNNELLON RD DUNNELLON, FL 34433 |
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04/03/07-80055-022 61.25

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| 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. |
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| SIGNATURE: <u>Julie K. Glenn</u> <u>3/22/07</u> <u>352-489-1933</u> SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR Date Daytime Phone # |
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