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FILED  
Jul 15 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000003423 (0)

1. Corporation Name

RIVERSIDE COMMUNITY CHURCH, INC.



Principal Place of Business

Mailing Address

902 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

902 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

59-3131325

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASKINS, ROY L  
2592 GREEN SPRING DR  
JACKSONVILLE FL 32248

81 Name Marvin Deaton  
82 Street Address (P.O. Box Number is Not Acceptable) 4729 Royal Ave.  
83  
84 City Jacksonville FL 85 Zip Code 32205

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, or 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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GASKINS, ROY L	
STREET ADDRESS	2592 GREEN SPRING DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARNES VAN, CECIL	
STREET ADDRESS	1591 LANE AVE., APT. T-31	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T/T	<input type="checkbox"/> DELETE
NAME	BEARDON, HAROLD	
STREET ADDRESS	3545 COLLAGE PL.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALEZ, STEVEN	
STREET ADDRESS	1008 A BARRS ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUZA, LAVONA	
STREET ADDRESS	7924 WINTERWOOD CIR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marvin Deaton	
1.3 STREET ADDRESS	4729 Royal Ave.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32205	
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	T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bearden Harold	
3.3 STREET ADDRESS	18098 Wells Rd.	
3.4 CITY-ST-ZIP	Baldwin, FL 32234	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

4-20-98 904-888-0085

CR2E037 (10/97)