06011999-90046-037-$61.25-$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90046 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003423**

1. Corporation Name
RIVERSIDE COMMUNITY CHURCH, INC.

589347 - 90019 - 31

Principal Place of Business	Mailing Address
902 S. EDGEWOOD AVE. JACKSONVILLE FL 32205	902 S. EDGEWOOD AVE. JACKSONVILLE FL 32205

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/12/1994
4. FEI Number: 59-3131325 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEATON, MARVIN
4729 ROYAL AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: Cecil VAN VARNES
82 Street Address (P.O. Box Number is Not Acceptable): ~~Peddie 1451~~ 800 South Dakota
83: APT. # 305 33606
84 City: ~~FAX~~ TAMPA FL 85 Zip Code: ~~33606~~

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] DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GASKINS, ROY L 2582 GREEN SPRING DR JACKSONVILLE FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Cecil Van Varnes ~~P.O. Box 6112~~ ~~JAX FL 32236~~	☐ Change ☑ Addition APT #305 800 South Dakota Tampa, FL 33606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEATON, MARVIN 4729 ROYAL AVE JACKSONVILLE FL 32205	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/T BEARDON, HAROLD 18098 WELLS RD BALDWIN FL 32234	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZA, LAVONA 7924 WINTERWOOD CIR S JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 5/17/99 388-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cecil Van Varnes
CECIL VAN VARNES