

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003423

1. Entity Name

RIVERSIDE COMMUNITY CHURCH, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90043 032 \*\*\*\*61.25

Principal Place of Business

902 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

Mailing Address

902 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205-5341

B0005218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3131325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARNES, CECIL V  
800 S DAKOTA  
APT #305  
TAMPA FL 33606

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.

SIGNATURE

*Cecil Varnes* PASTOR PD

1-06-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME VARNES, CECIL V  
STREET ADDRESS 800 S DAKOTA APT #305  
CITY-ST-ZIP TAMPA FL 33606

TITLE PD ☒ Change ☐ Addition  
NAME Varnes, Cecil V.  
STREET ADDRESS 902 South Edgewood Av.  
CITY-ST-ZIP Jacksonville, FL 32205

TITLE D ☒ Delete  
NAME DEATON, MARVIN  
STREET ADDRESS 4729 ROYAL AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☒ Change ☒ Addition  
NAME Werkheiser, Dorothy  
STREET ADDRESS 7924 Winterwood Cir. S.  
CITY-ST-ZIP

TITLE T/T ☐ Delete  
NAME BEARDON, HAROLD  
STREET ADDRESS 18098 WELLS RD  
CITY-ST-ZIP BALDWIN FL 32234

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

TITLE D ☐ Delete  
NAME BUZA, LAVONA  
STREET ADDRESS 7924 WINTERWOOD CIR S  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

*Cecil Varnes* PASTOR PD

1-06-2000

904-388-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #