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NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004159 (9)

RIVER CITY CHRISTIAN CENTER, INC.

Principal Place of Business Mailing Address 2016 ANNISTON ROAD 2016 ANNISTON ROAD 3. Date incorporated or Qualified JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 08/19/1994 FEI Number Applied For 59-3266247 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing **\$5.00** May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name YOUNG, WAYNE A Street Address (P.O. Box Number is Not Acceptable) 12150 CISCO GARDEN RD. NORTH JACKSONVILLE FL 32219 83 85 Zip Code 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, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition NAME YOUNG, WAYNE A 1.2 NAME R2E037 12150 CISCO GARDEN RD. NORTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE ☐ Change Addition NAME BRIM, DARWYN S 2.2 NAME 6963 POTTSBURG DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SIMONS, CHRIS A NAME 3.2 NAME 4263 SPRINGWOOD DR STREET ADORESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME JEFFERY, DANIEL L. 4. 2 NAME 1437 FLAGLER AVENUE STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition JONES, JERRY F. NAME 5.2 NAME 1463 WHITMAN ST STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP ΠŒΕ DELETE Change 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filling 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 or an attachment with an address.

REQUIRED