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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000004159**

1. Corporation Name
RIVER CITY CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
2016 ANNISTON ROAD JACKSONVILLE FL 32246 US	2016 ANNISTON ROAD JACKSONVILLE FL 32246 US

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 Qualifed: 08/19/1994
4. FEI Number: 59-3266247 ☐ Applied For ☐ Not Applicable
5. Certifcate 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

YOUNG, WAYNE A
~~12150 CISCO GARDEN RD. NORTH~~
JACKSONVILLE FL ~~32219~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2016 ANNISTON RD
83
84 City: **FL** 85 Zip Code: 32246

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 _____ 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	YOUNG, WAYNE A		1.2 NAME		
STREET ADDRESS	~~12150 CISCO GARDEN RD. NORTH~~		1.3 STREET ADDRESS	7031 CISCO GARDENS RD W.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRIM, DARWYN S		2.2 NAME		
STREET ADDRESS	6963 POTTSBURG DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMONS, CHRIS A		3.2 NAME		
STREET ADDRESS	4263 SPRINGWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERY, DANIEL L.		4.2 NAME		
STREET ADDRESS	1437 FLAGLER AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JERRY F.		5.2 NAME		
STREET ADDRESS	1463 WHITMAN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	~~Cynthia~~ Robert Johns	
STREET ADDRESS			6.3 STREET ADDRESS	5721 BEMER CT	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	

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: ~~Cynthia~~ Robert Johns **REQUIRED** 2/10/99 904-720-2042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #