

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 042 ****61.25

DOCUMENT # N95000001263					
1. Entity Name RIVERSIDE BAPTIST CHURCH OF LAFAYETTE COUNTY, INC.					
Principal Place of Business CR 251 MAYO, FL 32066			Mailing Address 2402 NW CR 251 MAYO, FL 32066		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2345843			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LYONS, RICKY 2402 NW CR 251 MAYO, FL 32066			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BUCHANAN, FRANKLIN G STREET ADDRESS RT 3, BOX 584 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME BUCHANAN, Franklin G. STREET ADDRESS 973 NW Meridian Rd. CITY-ST-ZIP MAYO FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LYONS, ROLAND STREET ADDRESS RT 1, BOX 457 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME Lyons, Roland STREET ADDRESS 2687 NW CR 251 CITY-ST-ZIP MAYO, FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME STARLING, GUY STREET ADDRESS RT 1, BOX 454-H CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME Starling, Guy STREET ADDRESS 2871 NW CR 251 CITY-ST-ZIP MAYO FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LYONS, RICKY STREET ADDRESS PO BOX 88 N/A CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LYONS, DALE STREET ADDRESS RT 3, BOX 610 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME Lyons, Dale STREET ADDRESS 951 NW CR 292 CITY-ST-ZIP MAYO FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME LAMB, BILL STREET ADDRESS RT 3, BOX 830 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME Lamb, Bill STREET ADDRESS 563 N Fletcher Ave CITY-ST-ZIP MAYO FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-31-25 386-294-1600 <small>Date Daytime Phone #</small>		