## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N95000001263

1. Entity Name

RIVERSIDE BAPTIST CHURCH OF LAFAYETTE COUNTY, INC.



FILED Apr 14, 2006 08:00 AM Secretary of State

Principal Place of Business

CR 251

MAYO, FL 32066

Mailing Address

2402 NW CR 251 MAYO, FL 32066



 $\Box$ 

## DO NOT WRITE IN THIS SPACE

04102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2345843

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LYONS, RICKY 2402 NW CR 251 MAYO, FL 32066

## DO NOT WRITE IN THIS SPACE

			1			
	e named entity submits this statement for the titions of registered agent.	purpose of changing its registe	red affice at i	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and if	le if applicable. REGISTOR	red Agent s'gnetta	required when reinstaling)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Fins     Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-EP	PD BUCHANAN, FRANKLIN G 973 NW MERIDIAN RD MAYO, FL 32068					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VU LYONS, ROLAND 2687 NW CR 251 MAYO, FL 32068				000000508289 04/27/06-80096-021 61.25	
TITLE NAME STREET ADDRESS CHT-ST-ZIP	VD STARLING, GUY 2871 NW CR 251 MAYO, FL 32066			DO	DO NOT WRITE	
TITLE HAME STRILL I ADDRESS CITY-ST-ZIP	VD LYONS, RICKY PO BOX 88 N/A MAYO, FL 32066			IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-21P	VD LYONS, DALE 951 NW CR 292 MAYO, FL 32066	!				
TITE F	l eth		•			

12. Thereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. 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 eath; 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.

SIG	NAT	URE:
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NAME

CITY-ST-ZIE

LAMB, BILL

MAYO, FL 32066

STREET AUDRESS | 563 N FLETCHER AVE

HIGHATURE AND TYPED CRAMMED HAME OF SIGHING OFFICER OR DIRECTOR

4/10/06

Devitres Phone #