

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004533

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** THE RIVER CHURCH AT FERNANDINA, INC.

**Current Principal Place of Business:**

720 S 8TH ST  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

87566 ROSES BLUFF RD  
YULEE, FL 32097

**Current Mailing Address:**

PO BOX 6368  
FERNANDINA BCH, FL 32035368 US

**New Mailing Address:**

PO BOX 6368  
FERNANDINA BCH, FL 32035 US

**FEI Number:** 59-3455163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGE, CRAIG  
87566 ROSES BLUFF ROAD  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HODGE, SANDI  
Address: 87566 ROSES BLUFF ROAD  
City-St-Zip: YULEE, FL 32097

Title: VD  
Name: BEARD, DARBY  
Address: 861216 WORTHINGTON DR  
City-St-Zip: YULEE, FL 32097

Title: PD  
Name: HODGE, CRAIG  
Address: 87566 ROSES BLUFF ROAD  
City-St-Zip: YULEE, FL 32097

Title: D  
Name: SRESOVICH, EMMITT  
Address: 3901 NEW HOPE LANE  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: STD  
Name: CAMPBELL, VANESSA  
Address: 87566 ROSES BLUFF RD  
City-St-Zip: YULEE, FL 32097

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG HODGE

RA

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date