


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90023 024 \*\*\*\*61.25

**DOCUMENT # 709376**  
 1. Entity Name  
 RIVIERA UNITED CHURCH OF CHRIST, INC.



Principal Place of Business  
 451 RIVIERA DRIVE  
 PALM BAY, FL 32905

Mailing Address  
 451 RIVIERA DRIVE  
 PALM BAY, FL 32905

40036600



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-1979167

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPP, ALICIA  
 451 RIVIERA DRIVE  
 PALM BAY, FL 32905

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 Alicia Rapp  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	PIERCE, ANN	
STREET ADDRESS	4040 CAREYWOOD DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	VMD	<input type="checkbox"/> Delete
NAME	RHINEHART, RICHARD	
STREET ADDRESS	821 TAVERNIER CIRCLE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	CO	<input type="checkbox"/> Delete
NAME	CAREY, MARGIE	
STREET ADDRESS	531 MORNING COVE CIRCLE	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIERCE, JAY	
STREET ADDRESS	4040 CAREYWOOD DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	MARTIN, KAY	
STREET ADDRESS	451 RIVIERA DR	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	AFD	<input checked="" type="checkbox"/> Delete
NAME	CANNON, JUDY	
STREET ADDRESS	542 SANDERLINE DR	
CITY-ST-ZIP	INDIALANTIC, FL 32903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AFD NANCY COOK	
STREET ADDRESS	1030 PEACOCK N.E.	
CITY-ST-ZIP	PALM BAY, FL 32907	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: Alicia Rapp  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #