

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709376

FILED
Mar 08, 2009
Secretary of State

Entity Name: RIVIERA UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

451 RIVIERA DRIVE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

451 RIVIERA DRIVE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-1979167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, SCOTT
401 E. MELBOURNE AVE.
MELBOURNE, FL 32901 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 () Delete
Name: COOK, DAVID
Address: 1030 PEACOCK AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: VMD () Delete
Name: YOLLES, HOLLY
Address: 2365 COREY RD.
City-St-Zip: MALABAR, FL 32950

Title: CO () Delete
Name: LESLIE, LISA
Address: 420 LAKEVIEW DR.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: LIST, CHRIS
Address: 465 NEWGATE ST. NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: COOK, NANCY
Address: 1030 PEACOCK AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: AFD () Delete
Name: HANKINS, BONNIE
Address: 2360 OAKLYN ST. NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CO (X) Change () Addition
Name: HUFFORD, KATHLEEN
Address: 1563 ANGLERS DR. NE
City-St-Zip: PALM BAY, FL 32905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN HUFFORD

CO

03/08/2009

Electronic Signature of Signing Officer or Director

Date