

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90045 008 ****61.25

0005310

DOCUMENT # 709376

1. Entity Name
RIVIERA UNITED CHURCH OF CHRIST, INC.

Principal Place of Business
~~1000 PALM BAY RD~~
PALM BAY FL 32906

Mailing Address
BOX 62016
PALM BAY FL 32906-2016

2. Principal Place of Business
451 Riviera Dr.

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

City & State
Palm Bay FL

City & State
City & State

Zip
32905

Country

4. FEI Number **59-1979167**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
RHINEHART, PHYLLIS
2346 WHITE SANDS CT
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD RHINEHART, PHYLLIS 390 LAKE VIEW DR MELBOURNE BEACH FL 32951-3220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			MD Rhinehart Phyllis 2346 White Sands Ct Palm Bay FL 32905
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD MCMORRIS, JOHN 2346 WHITE SANDS CT. PALM BAY FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			V.M.D. MCMORRIS, John 542 Sanderling DR. INDIANLANTIC, FL 32903
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AGUIAR, GISELLE 1041 SUNSWEPT RD N.E. PALM BAY FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Bradley, Kent 390 Lake View DR. Melbourne Bch, FL. 32951-3229
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD MARTIN, KAY 1000 PALM BAY RD. PALM BAY FL 32906	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			FSD martin Kay 451 Riviera DR. Palm Bay FL 32905
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AFD HOZIER, SARAH 1000 PALM BAY RD. PALM BAY FL 32906	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			AFD Hozier Sarah 451 Riviera DR Palm Bay FL 32905
			<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)(f), 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: *Phyllis Rhinehart* **Phyllis Rhinehart-7-8-03 728-2779**

CR2E037 (4/03)