

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713675 (7)

1. Corporation Name

RIVER PARK CIVIC CENTER, INC.



Principal Place of Business

Mailing Address

140 VIRGINIA ST.
ST RT BOX 207AA
CRESCENT CITY FL 32112
US

STAR RT2 BX 207AA
CRESCENT CITY FL 32112

3. Date Incorporated or Qualified
11/20/1967

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1707512

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIKE, C. DONALD
107 FLORIDA LANE
RIVER PARK
FRUITLAND FL 32112

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	DIKE, C. DONALD	STAR RT 2 BOX 207AA	CRESCENT CITY, FL 00000	<input type="checkbox"/>
V	GILBERT, SHIRLEY	STAR RT 2 BOX 351	CRESCENT CITY FL	<input type="checkbox"/>
D	MARTIN, PATSY	STAR RT 2 BOX 135	CRESCENT CITY FL	<input type="checkbox"/>
T	HAMMOND, JOSEPHINE	STAR RT 2, BOX 203C	CRESCENT CITY, FL 00000	<input type="checkbox"/>
D	KREMER, VIRGINA	STAR RT 2, BOX 138AA	CRESCENT CITY, FL 00000	<input type="checkbox"/>
D	GODDARD, TIL	STAR RT.2, BOX 383B	CRESCENT CITY, FL 00000	<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. Donald Dike* - C. DONALD DIKE

1-24-96 904 467-9753
Date: Daytime Phone #

CR2E037 (12/95)