


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713675 (7)

1. Corporation Name
RIVER PARK CIVIC CENTER, INC.



Principal Place of Business 140 VA ST RIVER PARK FL 32112 US	Mailing Address HC2 BOX 207AA CRESCENT CITY FL 32112 US
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3. Date Incorporated or Qualified
11/20/1967

4. FEI Number
59-1707512

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P DIKE, C. DONALD	1.2 NAME	
STREET ADDRESS	STAR RT 2 BOX 207AA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GILBERT, SHIRLEY	2.2 NAME	
STREET ADDRESS	STAR RT 2 BOX 351	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HUNTER, ROBERT	3.2 NAME	
STREET ADDRESS	STAR RT 2 BOX 207 A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HAMMOND, JOSEPHINE	4.2 NAME	
STREET ADDRESS	STAR RT 2, BOX 203C	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KREMER, VIRGINA	5.2 NAME	
STREET ADDRESS	STAR RT 2, BOX 138AA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GODDARD, TIL	6.2 NAME	
STREET ADDRESS	STAR RT.2, BOX 383B	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date: 3/23/98

CR2E037 (10/97)