2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713675

FILED Feb 05, 2005 Secretary of State

Entity Name: RIVER PARK CIVIC CENTER, INC.

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	GINIA STREET ENT CITY, FL 32112	US			
Current l	Mailing Address:		New Mailing Ad	dress:	
I01 AZAL CRESCE	LEA LN. ENT CITY, FL 32112	US			
El Numbe	er: 59-1707512 FEI N	Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name an	nd Address of Curren	t Registered Agent:	Name and Addre	ess of New Registered Agent:	
101 AZAL CRESCE The abov	ENT CITY, FL 32112	US s this statement for the po	urpose of changing its regi	stered office or registered agent, or both,	
SIGNATL					
		nature of Registered Age	nt	Date	
OFFICER	RS AND DIRECTORS	:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	P () Delete HARPER, HEATHER J I 101 AZALEA LN. : CRESCENT CITY, FL :	MS	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: \ddress:	S () Delete WILSON, LUCILLE 109 PUTTER LANE : CRESCENT CITY, FL :		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:					
itle: lame: lddress:	T () Delete HUFFORD, ROBERT 117 DOUGLAS STREE CRESCENT CITY, FL	т	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip: City-St-Zip: Name: Address: City-St-Zip: Citle: Name: Address: City-St-Zip:	HUFFORD, ROBERT 117 DOUGLAS STREE CRESCENT CITY, FL (D () Delete PHELPS, JOAN 204 JUNE CT	T 32112	Name: Address:	() Change () Addition () Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	HUFFORD, ROBERT 117 DOUGLAS STREE CRESCENT CITY, FL 3 D () Delete PHELPS, JOAN 204 JUNE CT CRESCENT CITY, FL 3 D () Delete HAMILTON, DAUNA 101 IOWA ST	T 32112 32112	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEATHER HARPER P 02/05/2005