
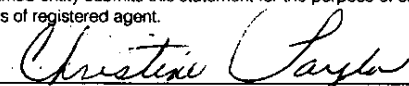
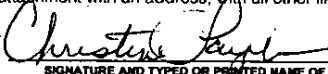


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90024 020 \*\*\*\*61.25

<b>DOCUMENT # 713675</b>			
1. Entity Name RIVER PARK CIVIC CENTER, INC.			
Principal Place of Business 140 VIRGINIA STREET CRESCENT CITY, FL 32112 US		Mailing Address 101 AZALEA LN. CRESCENT CITY, FL 32112 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 115 Putter Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Crescent City, FL	
Zip	Country	Zip	Country
		32112	USA
6. Name and Address of Current Registered Agent HARPER, HEATHER J MS. 101 AZALEA LN CRESCENT CITY, FL 32112		4. FEI Number 59-1707512	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Christine Taylor	
		Street Address (P.O. Box Number is Not Acceptable) 115 Putter Lane	
		City Crescent City FL Zip Code 32112	
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 		Christine Taylor	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
		DATE 2/11/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HARPER, HEATHER J MS 101 AZALEA LN. CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nancy Saunders 109 Lake Drive Crescent City, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELTS, SHARON 101 TENNESSEE AVE CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, CHRIS 115 PUTTER LN. CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, JOAN 204 JUNE CT CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ola Enlow 114 Vermont St. Crescent City, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MARVIN 116 IOWA ST CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vivian Alexander 126 Hicks Ave. Crescent City, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, SHIRLEY 151 TENNESSEE CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Art Ross 1178 Count Road 309 Crescent City, FL 32112 <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 exemptions contained 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 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: 		Christine Taylor	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/11/2008	
		Daytime Phone # (386)467-9113	