FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # NC

Principal Place of Business

N00216

(4)

Mailing Address

RIVERVIEW CHURCH OF THE NAZARENE, INC.

10402 GIBSONTON DRIVE 10402 GIBSONTON DRIVE			P O BOX 267 RIVERVIEW FL 33568-0267				
RIVERVIEW FL 33569 US			US				3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For 59-2364069 Applied For
Suite, Apt #, etc.			Suite, Apt. #, etc.				Not Applicable
22			27				5. Certificate of Status Desired See Required Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	<u>├</u>	Dountry	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent						Florida Statutes Yes No
	9, Name and	Address of Culter	ir vaðisteten viðetir		81	Name	10. Name and Address of New Registered Agent
CONTIL	FD4NW			- 1	٠.	Name	
CONTI, F			82 Street Addr			Address (P.O. Box Number is Not Acceptable)	
	T. ROSE ST.		83			7771114	
HIVERVIE	EW FL 33569			i'	83		
					84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above named conversion submits this statement for the pursuant for the							
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							
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		≥ DELETE	1. 1 TIT	LE		PD Change Addition
NAME	ARMSTRONG			1.2 NAI	ME		Falina Danald
STREET ADDRESS	2614 E. YUK	en st		1.3 STF	REET	ADDRESS	9605 Mathen Rd
CITY - ST - ZiP	TAMPA FL			1.4 CIT	Y-\$1	- ZIP	Faling, Donald 9605 Mathog Rd. Riverview, Florida 33568-
tiπ€	SD		☐ DELETE	2 1 TIT	LE		Change Addition
NAME	CONTI, LILLIA			2 2 NAI	ME	İ	
STREET ADDRESS	10509 ST RC			2 3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	RIVERVIEW F	L		2 4 Cil	2 4 City-St-ZiP		
TITLE	TD		☐ DELETE	31 TIT	LE		☐ Change ☐ Addition
NAME	CONTI, FRAN			3.2 NA	ME		
STREET ADDRESS				3.3 STREET ADDRESS		address	
CITY-ST-7IP	RIVERVIEW F	L		3.4. CITY - ST- ZIP		T- ZIP	
TITLE			DELETE	4.1 TITI	LE		☐ Change ☐ Addition
NAME				4. 2 NA	ME	ŀ	
STREET ADDRESS				4.3 STR	REET /	ADDRESS	
CITY-ST-7IP		***************************************		4.4 CIT	Y - ST	-ZIP	
TITLE			☐ DELETE	5.1 YITI	LE		☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 STR	REET A	ADDRESS	
CITY-ST-ZIP				5.4 CIT	Y-ST	- ZIP	
TITLE			DELETE	6.1 TIT	LE		Change Addition
NAME				6.2 NAM	ME		·
STREET ADDRESS				6.3 STR	REET A	ADDRESS	
CITY-ST-ZIP				6.4 CIT	Y-ST	- ZIP	
intormatio	n indicated on this	s annual report or s	supplemental annual report is tri	ie and ar	COUR	bne ater	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.							
appears in	I DIOUK 12 OF BIOC	ж то ir crianged, o	r on an allachment with an addi	ess.			1