2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90121 049 ****61.25

DOCUMENT # N00216

1. Entity Name

RIVERVIEW CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
10402 GIBSONTON DRIVE 10402 GIBSONTON DRIVE RIVERVIEW FL 33569 US	P O BOX 267 RIVERVIEW FL 33469 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P O Box 267
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Riverview FL
Zip / Country	Zip: 33568 / Country: US

4. FEI Number: 59-2364069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTI, FRANK 10509 ST. ROSE ST. RIVERVIEW FL 33569	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FALING, DONALD 9605 MATHOG RD. RIVERVIEW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CONTI, LILLIAN C 10509 ST. ROSE CT RIVERVIEW FL .3-3616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Conti, Lillian C 10509 ST.Rose Ct Riverview FL 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONTI, FRANK 10509 ST. ROSE ST. RIVERVIEW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

12. 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 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: RONALD DONALD FALING 4/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #