2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701408

FILED Jan 08, 2007 Secretary of State

Entity Name: TRUSTEES OF RIVERVIEW METHODIST CHURCH, INC.

RIVERVIEW, FL 335694353 Current Mailing Address: New Mailing Address of New Registered () Certificate of Status Desired () Name and Address of New Registered Agent: New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: To () Delete Name: Name: Name: Name: Address: City-St-Zip: Title: T () Delete Title: T () Delete Title: T () Delete Name: Address: City-St-Zip: Title: T () Delete Title: T () Delete Name: Address: City-St-Zip: Title: Title: T () Delete Title: Title: T () Delete Title: Title: T () Delete Name: Address: City-St-Zip: Title: Title: T () Delete Title: T ()	New Principal Place of Business:		
RIVERVIEW, FL 335694353 US FEI Number: 59-6018006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (2) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HODEL, EDWARD C 12206 SPOTTSWOOD DRIVE RIVERVIEW, FL 33569 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:			
FEI Number: 59-6018006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (2) Name and Address of Current Registered Agent: HODEL, EDWARD C 12206 SPOTTSWOOD DRIVE RIVERVIEW, FL 33569 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Agistered Agent			
HODEL, EDWARD C 12206 SPOTTSWOOD DRIVE RIVERVIEW, FL 33569 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	d (X)		
12206 SPOTTSWOOD DRIVE RIVERVIEW, FL 33569 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE: To () Delete Name: HODEL, EDDIE Address: 12206 SPOTTSWOOD City-St-Zip: RIVERVIEW, FL 33569	or both		
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: TC () Delete	or bour,		
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: TC () Delete			
Title: TC () Delete Title: () Change () Addition Name: HODEL, EDDIE Name: HODEL, EDDIE Name: 12206 SPOTTSWOOD Address: 12206 SPOTTSWOOD City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569 C			
Name: HODEL, EDDIE Address: 12206 SPOTTSWOOD Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: SMITH, KIM Name: Address: 11816 WHISPER CREEK DRIVE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: MOSLEY, CONNIE Name: Address: 9720 LORRAYNE ROAD Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: MOSLEY, CONNIE Name: Address: 9720 LORRAYNE ROAD Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: GOLDING, WALLY Address: 10407 TARA DR Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:	RECTORS:		
Name: SMITH, KIM Name: Address: 11816 WHISPER CREEK DRIVE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: 9720 LORRAYNE ROAD Address: City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: GOLDING, WALLY Name: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:			
Name: MOSLEY, CONNIE Name: Address: 9720 LORRAYNE ROAD Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: GOLDING, WALLY Name: Address: 10407 TARA DR Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:			
Name: GOLDING, WALLY Name: Address: 10407 TARA DR Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:			
Title: T () Delete () Addition			
Title: T () Delete Title: () Change () Addition Name: BURT, DAVID Name: Address: 11103 STAFFORD LANE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EDWARD C. HODEL TC 01/08/2007