

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701408

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** TRUSTEES OF RIVERVIEW METHODIST CHURCH, INC.

**Current Principal Place of Business:**

8002 US HWY 301 S  
RIVERVIEW, FL 33578 US

**New Principal Place of Business:**

**Current Mailing Address:**

8002 US HWY 301 S  
RIVERVIEW, FL 33578 US

**New Mailing Address:**

**FEI Number:** 59-6018006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURT, DAVID A JR  
10201 ASHLEY OAKS DR.  
RIVERVIEW, FL 33578 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TC  
**Name:** GORMAN, MATHEW  
**Address:** 10805 MOSS ISLAND DR  
**City-St-Zip:** RIVERVIEW, FL 33569

**Title:** T  
**Name:** FLOYD, GARY  
**Address:** 7004 DEMAY ST  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** T  
**Name:** FORSHEY, JANET  
**Address:** 12309 BRAMFIELD DR  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** T  
**Name:** BROWN, DEWEY  
**Address:** 7834 RIVERWOOD OAKS DR  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** T  
**Name:** BURT, DAVID A JR  
**Address:** 10201 ASHLEY OAKS DR  
**City-St-Zip:** RIVERVIEW, FL 33578

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID A BURT JR

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04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date