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Apr 22, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707031

1. Corporation Name

RIVERVIEW ALLIANCE CHURCH INC.

Principal Place of Business

5948 GEORGIA AVE.  
NEW PORT RICHEY FL 34652

Mailing Address

5948 GEORGIA AVE.  
NEW PORT RICHEY FL 34652



|                                |  |                     |  |  |  |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified  |  |
| 21                             |  | 26                  |  | 03/23/1964   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number  |  |
| 22                             |  | 27                  |  | 59-2756504   |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| Zip                            |  | Zip                 |  | Trust Fund Contribution  |  |
| 24                             |  | 29                  |  | 30   |  |

9. Name and Address of Current Registered Agent

SMITH, CAROL  
8630 WINTER HAVEN DRIVE  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PHILLIPS, HOWARD                  | 1.2 NAME  |   |
| STREET ADDRESS             | 4819 DOGWOOD STREET               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW PORT RICHEY FL                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HNILICA, EDWARD                   | 2.2 NAME  |   |
| STREET ADDRESS             | 6614 AVOCADO DR                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW PORT RICHEY FL 34653          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, CAROL                      | 3.2 NAME  |   |
| STREET ADDRESS             | 8630 WINTER HAVEN DRIVE           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HUDSON FL                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAKER, LEON                       | 4.2 NAME  |   |
| STREET ADDRESS             | 5029 BEACON HILL DR.              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW PORT RICHEY FL                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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, with all other like empowered.

SIGNATURE:

*Carol B. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 SMITH

4-19-99

727-863-2605

Date

Daytime Phone #