

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707031

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, CAROL
8630 WINTER HAVEN DRIVE
HUDSON FL 34667

4. FEI Number

59-2756504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME PHILLIPS, HOWARD
STREET ADDRESS 4819 DOGWOOD STREET
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ Delete
NAME HNILICA, EDWARD
STREET ADDRESS 6614 AVOCADO DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE T ☐ Delete
NAME SMITH, CAROL
STREET ADDRESS 8630 WINTER HAVEN DRIVE
CITY-ST-ZIP HUDSON FL

TITLE D ☐ Delete
NAME BAKER, LEON
STREET ADDRESS 5029 BEACON HILL DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carol Smith CAROL SMITH

4-20-01

727-863-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0079970

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90273 019 *****61.25

645132



DO NOT WRITE IN THIS SPACE