

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90002 042 ****61.25

DOCUMENT # 707031

1. Entity Name

RIVERVIEW ALLIANCE CHURCH INC.

Principal Place of Business

Mailing Address

**5948 GEORGIA AVE.
 NEW PORT RICHEY FL 34652**

**5948 GEORGIA AVE.
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2756504

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

**SMITH, CAROL
 8630 WINTER HAVEN DRIVE
 HUDSON FL 34667**

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

☒ Change ☐ Addition
6700 Kelsey Lane 34653

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

☐ Change ☐ Addition
RICHARD STEINER
3108 Bright Dr.
Holiday, Fl., 34691

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition
MELVIN CARTER
3543 Katimer St.
New Port Richey, Fl., 34652

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 **REQUIRED CAROL SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

727-863-2605

Daytime Phone #

CR2E037 (9/01)