

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707623 (5)
1. Corporation Name
RIO VISTA UNITED PRESBYTERIAN CHURCH U.S.A., INC



Principal Place of Business: **600 83RD AVE NE ST PETERSBURG FL 33702**
Mailing Address: **600 83RD AVE NE ST PETERSBURG FL 33702**

3. Date Incorporated or Qualified: **07/21/1964**
3a. Date of Last Report: **05/31/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1895312	<input checked="" type="checkbox"/> Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COVINGTON, MURIEL L. 1191 77TH AVENUE NORTH ST. PETERSBURG FL 33702				81	Name Leavitt, Marian		
				82	Street Address (P.O. Box Number is Not Acceptable) 10401 Snug Harbor Rd, NE #269		
				83			
				84	City St. Petersburg	85	FL

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: Marian Leavitt (Signature, typed or printed name of registered agent, and title if applicable.)
 Signature: Marian Leavitt (NOTE: Registered Agent signature required when replacing a registered agent.)
 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	ROBERTS, KEVIN		1.2 NAME				
STREET ADDRESS	5601 ATLANTIC AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUNTER, ELEANOR		2.2 NAME				
STREET ADDRESS	17611 NICKS DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LEAVITT, MARIAN		3.2 NAME				
STREET ADDRESS	10401 SNUG HARBOR RD., NE #269		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUNTER, BRUCE		4.2 NAME	Remove			
STREET ADDRESS	17611 NICKS DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOOVER, ROBERT		5.2 NAME				
STREET ADDRESS	10401 SNUG HARBOR RD. NE. #72		5.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Marian Leavitt (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 Signature: Marian Leavitt
 Date: _____ Daytime Phone #: _____

CR2E037 (12/95)