


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90085 039 \*\*\*\*61.25

<b>DOCUMENT # 707623</b> 1. Entity Name <b>RIO VISTA UNITED PRESBYTERIAN CHURCH U.S.A., INC.</b>					
Principal Place of Business <b>600 83RD AVE NE ST PETERSBURG, FL 33702</b>			Mailing Address <b>600 83RD AVE NE ST PETERSBURG, FL 33702</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JUSTISON, FRANK 6860 GEORGE LYNCH SAINT PETERSBURG, FL 33702</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VANDERKRASTS, FRANK</b>		NAME		
STREET ADDRESS	<b>4220 POINSETTIA DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33706</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOHMS, VIRGIL</b>		NAME		
STREET ADDRESS	<b>1011 GANDY BLVD N 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETERSBURG, FL</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ELLIOTT, ELEANOR</b>		NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>6000 20TH ST. N. #139</b>		STREET ADDRESS	<b>DRUCKER, PAT</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33714</b>		CITY-ST-ZIP	<b>5501 80TH STREET N., APT 461</b>	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CLARK, ROBBIE</b>		NAME	<b>PRESIDENT</b>	
STREET ADDRESS	<b>1224 78TH AVENUE NORTH</b>		STREET ADDRESS	<b>SEVER, RICK</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>		CITY-ST-ZIP	<b>11047 MAXION WAY</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALFORD, TIM</b>		NAME		
STREET ADDRESS	<b>3001 E VINA DEL MAR BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETERSBURG, FL</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JUSTISON, FRANK</b>		NAME		
STREET ADDRESS	<b>6860 GEORGE LYNCH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33702</b>		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)(f), 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.					
<b>SIGNATURE:</b> <u>Frank Vanderkrasts</u> <u>Frank Vanderkrasts</u> <u>3/29/04</u> <u>727 527 1835</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					