

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709376

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** RIVIERA UNITED CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

451 RIVIERA DRIVE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

451 RIVIERA DRIVE  
PALM BAY, FL 32905

**New Mailing Address:**

**FEI Number:** 59-1979167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOTT, SCOTT  
401 E. MELBOURNE AVE.  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MOD  
Name: ISAMAN, JONI  
Address: 779 BYWOOD DRIVE  
City-St-Zip: PALM BAY, FL 32905

Title: VMD  
Name: NADE, JEFFREY  
Address: 604 BROCKTON WAY  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: C  
Name: LAWSON, PATRICIA  
Address: 1123 PRICE AVE  
City-St-Zip: PALM BAY, FL 32907

Title: T  
Name: LUCAS, PAUL  
Address: 1406 KRIN COURT  
City-St-Zip: PALM BAY, FL 32905

Title: D  
Name: COOK, NANCY  
Address: 1030 PEACOCK AVE, NE  
City-St-Zip: PALM BAY, FL 32907

Title: AFD  
Name: HANKINS, BONNIE  
Address: 2360 OAKLYN ST, NE  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA LAWSON

C

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date