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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711686

1. Corporation Name
RIVIERA UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
175 - 62ND AVENUE N. ST PETERSBURG FL 33702	175 - 62ND AVENUE N. ST PETERSBURG FL 33702

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/25/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1362370 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CROW, CHUCK
2032 IOWA AVE NE
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name: Thompson, Keith
82 Street Address (P.O. Box Number is Not Acceptable): 1500 Weedon Drive
83 St. Petersburg
84 City: FL 85 Zip Code: 33702

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: _____ 4-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☒ DELETE	1.1 TITLE	TR	☐ Change ☒ Addition
NAME	CROW, CHUCK		1.2 NAME	Royster, Dan	
STREET ADDRESS	2032 IOWA AVE, NE		1.3 STREET ADDRESS	7481 Oak St. NE	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	TR	☐ DELETE	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	TASSONE, MARGE		2.2 NAME	Magruder, Roy	
STREET ADDRESS	5700 TANGLEWOOD DR NE		2.3 STREET ADDRESS	304 Mt. Saxon Ave. NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703		2.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	D	☐ DELETE	3.1 TITLE	S.	☐ Change ☒ Addition
NAME	THOMPSON, KEITH		3.2 NAME	Wood, Julie	
STREET ADDRESS	1500 WEEDON DR		3.3 STREET ADDRESS	111 Tennessee Ave. NE	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, VALERIE		4.2 NAME		
STREET ADDRESS	5225 VENETIAN BLVD NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33703		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAIGE, BAXTER		5.2 NAME		
STREET ADDRESS	533 HAMPTON AVE NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JAY		6.2 NAME		
STREET ADDRESS	763 35TH AVE N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-13-99 813-579-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #