## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2004 8:00 am **Secretary of State DOCUMENT # 711686** 1. Entity Name 02-11-2004 90003 014 \*\*\*\*61.25 RIVIERA UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 175 - 62ND AVENUE N. ST PETERSBURG FL 33702 175 - 62ND AVENUE N. 44009637 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1362370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH C-LUCAS, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 1325 SNELL ISLE BLVD, N.E., #217 SAINT PETERSBURG FL 33704 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. 2/5/04 JOSEPH C. LUM SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TATLE ☐ Change **Addition** MULLIGAN, JANE NAME NAME 2425 ANDALUSIA WAY NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE LESTER, MARION NAME NAME 6254 PERSHING ST. NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition LUCAS, JOSEPH C 1901 474ST N STE 315 LUCAS, JOSEPH NAME NAME 1325 SNELL ISLE BLVD. NE. #217 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-ZIP ST PETERSBURG, PL 33702 TITLE Delete TITLE ☐ Change Addition BRADLEY, JEFF NAME NAME 3250 39 STREET NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33702 CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City - St-- 7IP CITY-ST-ZIP

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:

JOSEPH (. LVLMS) 2/5/04
NG OFFICER OR DIRECTOR Date

FILED