2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 711686

1. Entity 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

DO NOT WRITE IN THIS SPACE

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1362370
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JOSEPH C
7901 4TH ST N.
STE 315
SAINT PETERSBURG, FL 33702

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORCHARD, ANN
STREET ADDRESS	200 23 AVE. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	S
NAME	LESTER, MARION
STREET ADDRESS	6254 PERSHING ST. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	T
NAME	LUCAS, JOSEPH
STREET ADDRESS	7901 4TH ST N. STE 315
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	DC
NAME	WINLAND, GENE
STREET ADDRESS	733 CAPTIVA CT NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80046-006 61.25

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12. 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 Lucas (Jos. C. Lucas) 2/8/05 727-577-5570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #