

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # 714179

1. Entity Name

**CHURCH OF GOD IN CHRIST BIBLE WAYS OF RIVIERA
BEACH, INC.**



Principal Place of Business

**OF RIVIERA BEACH INC
665 7TH ST
RIVIERA BEACH FL 33404**

Mailing Address

**OF RIVIERA BEACH INC
665 7TH ST
RIVIERA BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

71-4179602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, EUGENE
1448 8TH ST
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **OD**
STREET ADDRESS **BARRON, EARL**
CITY-STATE-ZIP **2251 AVE H EAST
RIVIERA BEACH FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CUMMINGS, CLAUDE**
CITY-STATE-ZIP **917 W 2ND ST.
RIVIERA BEACH FL**

TITLE ☐ Delete
NAME **OD**
STREET ADDRESS **CUMMINGS, BEATRICE**
CITY-STATE-ZIP **917 W 2ND ST.
RIVIERA BEACH FL**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BARRON, ALLIE J.**
CITY-STATE-ZIP **2251 AVE. H EAST
RIVIERA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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.

SIGNATURE:

William B. Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-05