


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90112 014 ****61.25

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	01192006 Chg-NP CR2E037 (11/05) 4. FEI Number 71-4179602	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PORTER, EUGENE 1448 8TH ST WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Cumming Claude Street Address (P.O. Box Number is Not Acceptable) 917 W-2nd St. City Riviera Bch, FL Zip Code 33404	
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 <i>Cumming Claude</i>		(NOTE: Registered Agent signature required when reinstating) DATE 1-19-06			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	OD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRON, EARL		NAME		
STREET ADDRESS	2251 AVE H EAST		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUMMINGS, CLAUDE		NAME		
STREET ADDRESS	917 W 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL		CITY-ST-ZIP		
TITLE	OD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUMMINGS, BEATRICE		NAME		
STREET ADDRESS	917 W 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRON, ALLIE J.		NAME		
STREET ADDRESS	2251 AVE. H EAST		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cumming Claude</i>		DATE 1-19-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					