

2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90017 001 ****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 - No P.O. Box # Riviera Beach INC Suite, Apt. #, etc. 1044 - West 10th Street City & State Riviera Beach, FL Zip 33404		3. Mailing Address 665 7th Street Suite, Apt. #, etc. Riviera Beach FL City & State Riviera Beach, FL Zip 33404	
4. FEI Number 71-4179602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01282008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CUMMINGS, CLAUDE 917 W-2ND ST RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Elder Claude Cummings</i></u> (Pastor) 2-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	OD BARRON, EARL 2251 AVE H EAST RIVIERA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, CLAUDE 917 W 2ND ST. RIVIERA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD CUMMINGS, BEATRICE 917 W 2ND ST. RIVIERA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRON, ALLIE J. 2251 AVE. H EAST RIVIERA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Elder Claude Cummings</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-10-08 - 56-8424429 <small>Date Daytime Phone #</small>	

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