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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724348 (8)

1. Corporation Name
RIVERSIDE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business 5267 COCONUT CREEK PARKWAY MARGATE FL 33063	Mailing Address 5267 COCONUT CREEK PARKWAY MARGATE FL 33063-3916
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3. Date Incorporated or Qualified 09/15/1972	3a. Date of Last Report 01/23/1996
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21. Principal Place of Business 8032 W. SAMPLE ROAD	26. Mailing Address 8032 W. SAMPLE ROAD
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State MARGATE FL	28. City & State MARGATE FL
24. Zip 33065	25. Country
29. Zip 33065	30. Country

4. FEI Number 59-1718004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WERNER, JERRY
3561 NW 99TH AVE.
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, NANCY	
STREET ADDRESS	10310 NW 42ND DR	
CITY-ST-ZIP	CORAL SPRGS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WERNER, JERRY	
STREET ADDRESS	3561 N W99TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROOKINS, JIMMY L	
STREET ADDRESS	10935 NW 40TH ST	
CITY-ST-ZIP	CORAL SPRGS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROOKINS, BRIAN	
STREET ADDRESS	7007 NW 39TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEWCOMBE, DAVID	
STREET ADDRESS	5248 NW 109 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DAVID NEWCOMBE** Date _____ Daytime Phone # **1-954-752-4343** 0025481

CR2E037 (9/96)