


**2006 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724348**  
 1. Entity Name  
**RIVERSIDE CHRISTIAN FELLOWSHIP, INC.**



Principal Place of Business      Mailing Address  
**957 S.W. 71 AVE**      **957 S.W. 71 AVE**  
**NDRTH LAUDERDALE, FL 33068 US**      **NORTH LAUDERDALE, FL 33068 US**



01302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1718004** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WITTENMYER, HK**  
**11195 NW 15 TH ST.**  
**CORAL SPRINGS, FL 33071**

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

**Filing Fee is \$61.25 Due by May 1, 2006**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      U00000469652  
 03/27/06-80009-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, NANCY 10310 NW 42ND DR CORAL SPRINGS, FL 33085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTENMYER, HT 11195 NW 15TH STREET POMPANO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROCKINS, BRIAN 2460 NW 108 DRIVE CORAL SPRINGS, FL 33085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SITTON, ROBERT 105 NW 104 TERRACE POMPANO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** H.K. Wittenmyer      H.K. Wittenmyer      1/2/2006      (954) 720-8737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #