


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 724348</b> 1. Entity Name RIVERSIDE CHRISTIAN FELLOWSHIP, INC.	
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FILED

06 OCT -5 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 957 SW 71 AVE NORTH LAUDERDALE, FL 33068 US	Mailing Address 957 SW 71 AVE NORTH LAUDERDALE, FL 33068 US
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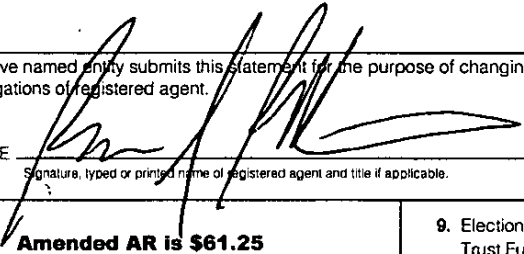
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08252006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1718004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WITTENMYER, HK 11195 NW 15 TH ST. CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name <b>Brookins, Brian</b> Street Address (P.O. Box Number is Not Acceptable) <b>2460 NW 108 Dr.</b>  City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>
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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 **10/2/06**

(NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, NANCY <input checked="" type="checkbox"/> Delete 10310 NW 42ND DR CORAL SPRINGS, FL 33085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTENMYER, HT <input checked="" type="checkbox"/> Delete 11195 NW 15TH STREET POMPANO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKINS, BRIAN <input type="checkbox"/> Delete 2460 NW 108 DRIVE CORAL SPRINGS, FL 33085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SITTON, ROBERT <input type="checkbox"/> Delete 105 NW 104 TERRACE POMPANO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Rizzuti 4420 NE 28 AVE. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Orlando Pagan 12114 NW 27 Dr. Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brian Brookins 2460 NW 108 Dr. Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Venci 2401 NW 107 Ave. Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200090149602 09/25/06--01053--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE **9/20/06** DAYTIME PHONE # **954-720-8737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR