

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739133** (7)

1. Corporation Name

RIVERVIEW FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business

**6605 KRYCUL AVENUE
P.O. BOX 1086
RIVERVIEW FL 33569**

Mailing Address

**6605 KRYCUL AVENUE
P.O. BOX 1086
RIVERVIEW FL 33569**



3. Date Incorporated or Qualified
05/20/1977

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
51-4440039

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, REV. KEN
6605 KRYCUL AVENUE
RIVERVIEW FL 33569**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CANADAY, GUY E	
STREET ADDRESS	11906 RHODINE RD	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARDWICK, BETTY	
STREET ADDRESS	8446 27TH AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNOR, DANA	
STREET ADDRESS	10205 COWLEY RD.	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, HUBERT	
STREET ADDRESS	8817 DYER RD	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COLLINS, REV KEN	
STREET ADDRESS	6605 KRYCUL AVE	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BELL, JAMES A.	
1.3 STREET ADDRESS	10512 ST. ROSE CT.	
1.4 CITY - ST - ZIP	RIVERVIEW, FL 33569	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONNOR, DANA B.	
3.3 STREET ADDRESS	5223 Ruth Morris Rd.	
3.4 CITY - ST - ZIP	WIMAUMA, FL 33459	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

Rev. Ken Collins, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

(813) 677-4453

CR2E037 (12/95)