

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

6605 KRYCUL AVENUE
P.O. BOX 1086
RIVERVIEW FL 335696605 KRYCUL AVENUE
P.O. BOX 1086
RIVERVIEW FL 33569-43103. Date Incorporated or Qualified
05/20/19773a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 Fees8. 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	D	<input type="checkbox"/> DELETE
NAME	BELL, JAMES A.	
STREET ADDRESS	10512 ST ROSE CT	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARDWICK, BETTY	
STREET ADDRESS	8446 27TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CONNOR, DANA B.	
STREET ADDRESS	5223 RUTH MORRIS RD	
CITY-ST-ZIP	WIMAUMA 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	<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 checked="" type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	HAMBLIN, SIOMARA
2.4 CITY-ST-ZIP	10214 TARRAGON DR. RIVERVIEW, FL 33569
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	CANADAY, GUY, E.
3.4 CITY-ST-ZIP	11906 RHODINE RD. RIVERVIEW, FL 33569
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

Date

813 677-4453

Daytime Phone # 0046268

CR2E037 (9/96)