


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 51-4440039 Applied For 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

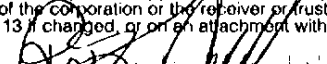
9. Name and Address of Current Registered Agent COLLINS, REV. KEN 6605 KRYCUL AVENUE RIVERVIEW FL 33569				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 of 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BELL, JAMES A.			1.2 NAME	HART, KEVIN J.		
STREET ADDRESS	10512 ST ROSE CT			1.3 STREET ADDRESS	1404 CARIoca		
CITY-ST-ZIP	RIVERVIEW FL			1.4 CITY-ST-ZIP	LAKELAND, FL 33801		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMBLIN, SIOMARA			2.2 NAME			
STREET ADDRESS	10214 TARRAGON DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANADAY, GUY E			3.2 NAME			
STREET ADDRESS	11906 RHODINE RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLEMAN, HUBERT			4.2 NAME	YAPLE, GREG		
STREET ADDRESS	8817 DYER RD			4.3 STREET ADDRESS	8609 MAGNOLIA		
CITY-ST-ZIP	RIVERVIEW FL			4.4 CITY-ST-ZIP	GIBSONTON, FL 33534		
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, REV KEN			5.2 NAME			
STREET ADDRESS	6605 KRYCUL AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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:  Rev. Ken Collins 4 Feb. 1998 (813) 677-4453

CP2E037 (1097)