

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 744391

1. Entity Name

FIRST BAPTIST CHURCH OF RIVERVIEW, FLORIDA,
INC.



Principal Place of Business

8626 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569

Mailing Address

8626 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1554609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TONELLI, MICHAEL A.
201 E. KENNEDY BLVD
SUITE 901
TAMPA FL 33672-0118

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REWIS, ROBBIE	
STREET ADDRESS	10504 CONE GROVE RD	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LITTLE, WILLIAM P	
STREET ADDRESS	11120 DESOTO RD	
CITY - ST - ZIP	RIVERVIEW, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAY, WILLIAM G	
STREET ADDRESS	9611 PINE RIDGE AVE	
CITY - ST - ZIP	RIVERVIEW, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLS, SHAWN	
STREET ADDRESS	7810 ALAFIA DR	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, ROGER	
STREET ADDRESS	7418 KRYCUL AVE, PO BOX 15-33568	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/24/05-80027-017 61.25

12. 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 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: *William P. Little* William P. Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05 813-677-6377
Date Daytime Phone #