

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90384 009 \*\*\*\*61.25

**DOCUMENT # 767904**

1. Entity Name

RIVERVIEW CENTER ASSOCIATION, INC.



Principal Place of Business

1001 3RD. AVE WEST  
SUITE 350  
BRADENTON FL 34205

Mailing Address

1001 3RD. AVE WEST  
SUITE 350  
BRADENTON FL 34205

44029800



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc. *Suite 300*

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc. *Suite 300*

City & State

Zip

Country

4. FEI Number

59-2297322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER C DONALD JR  
1111 3RD AVE.W STE 200  
7806 SEVILLE CIRCLE  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

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

*1001 3rd Ave West Ste 300*

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, 2004**

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

TITLE PD  
NAME MILLER, C. DONALD JR. ☐ Delete  
STREET ADDRESS 216-21ST ST. W  
CITY-ST-ZIP BRADENTON FL

TITLE D  
NAME DEITRICH, DAVID K. ☐ Delete  
STREET ADDRESS 1001 3RD AVE., W., #250  
CITY-ST-ZIP BRADENTON FL

TITLE VSD  
NAME MILLER, HUGH D. ☐ Delete  
STREET ADDRESS 1001 3RD. AVE. WEST, STE 350  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04

Date

941-748-3433

Daytime Phone #