

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90073 041 ****61.25

DOCUMENT # N00216

1. Entity Name

**RIVERVIEW GATEWAY CHURCH OF THE NAZARENE,
INC.**



Principal Place of Business

Mailing Address

~~10402 GIBSONTON DRIVE~~ **9622**
~~10402 GIBSONTON DRIVE~~ **MATHOG**
RIVERVIEW FL 33569 **RD**
US

P O BOX 267
RIVERVIEW FL 33568
US



2. Principal Place of Business

3. Mailing Address

9622 MATHOG RD
Suite, Apt. #, etc.

P.O. BOX 267
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2364069

Applied For

Not Applicable

Zip

Country

Zip

Country

33569

HILLSBORO

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

STINCHCOMB, BILL
9345 MATHOG RD
RIVERVIEW FL 33569

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, 2006

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 ☐ Delete
NAME FALING, DONALD
STREET ADDRESS 9605 MATHOG RD.
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE TD ☐ Delete
NAME STINCHCOMB, BILL
STREET ADDRESS 9345 MATHOG RD.
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE TD ☐ Delete
NAME FLOREZ II, FRANK
STREET ADDRESS 12207 59-TH STREET, NORTH
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 exemptions contained in Section 119, 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: Rev. Donald N. Faling DONALD N. FALING 11/30/06 913-245-3053