


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004250 1. Entity Name THE CHURCH AT RIVERVIEW, INC.	
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Principal Place of Business 10608 RIVERCREST DR RIVERVIEW, FL 33569	Mailing Address 10608 RIVERCREST DR RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3732603	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLIFF, PAUL REV. 10608 RIVERCREST DR RIVERVIEW, FL 33569	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	0000000082305 03/09/04-80024-006 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP CLIFF, PAUL 10608 RIVERCREST DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CLIFF, CORA 10608 RIVERCREST DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WITSELL, DONNA 1408 BUTCH CASSIDY TRAIL WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MITCHELL, KELLY 10445 TARA DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: P. Cliff **PAUL CLIFF** FEBRUARY 29TH, 2004 (813) 892-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #