

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 040 ****70.00

DOCUMENT # N01000004250 1. Entity Name THE CHURCH AT RIVERVIEW, INC.					
Principal Place of Business 10608 RIVERCREST DR RIVERVIEW, FL 33569			Mailing Address 10608 RIVERCREST DR RIVERVIEW, FL 33569		
2. Principal Place of Business - No P.O. Box # 2106 Unity Village Drive		3. Mailing Address 2106 Unity Village Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ruskin, Florida		City & State Ruskin, Florida		4. FEI Number 59-3732603	
Zip 33570-5852		Country USA		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			7. Name and Address of New Registered Agent Name Cliff, Paul Rev. Street Address (P.O. Box Number is Not Acceptable) 2106 Unity Village Drive City Ruskin FL Zip Code 33570-5852		
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 <u>Rev. Paul Cliff</u> 03/02/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP CLIFF, PAUL <input type="checkbox"/> Delete 10608 RIVERCREST DR RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cliff, Paul 2106 Unity Village Drive Ruskin, FL. 33570-5852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CLIFF, CORA 10608 RIVERCREST DR RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cliff, Cora 2106 Unity Village Drive Ruskin, FL. 33570-5852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WITSELL, DONNA 1408 BUTCH CASSIDY TRAIL WIMAUMA, FL 33598		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MITCHELL, KELLY 10445 TARA DRIVE RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Paul J. Cliff</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/02/2008 (813) 477-9688 <small>Date Daytime Phone #</small>		