2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004232

Entity Name: RIVERVIEW ACADEMY, INC

FILED Jan 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8832 US HIGHWAY 301, SOUTH RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 810 EAST STRATFORD STREET TAMPA, FL 33603 FEI Number: 30-0095221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, MICHAEL WOODY, JAMAAL 810 EAST STRATFORD AVENUE 1718 E. 7TH AVE. TAMPA, FL 33603 201 TAMPA, FL 33605 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. SIGNATURE: JAMAAL WOODY 01/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEWIS, MICHAEL Name: Name: Address: 810 EAST STRATFORD AVENUE Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: LEWIS, MICHAEL Name: MARTIN, MARVIN Address: 810 EAST STRATFORD AVENUE Address: 810 EAST STRATFORD AVENUE City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33603 Title: () Delete Title: () Change () Addition GENTLE, LOUISE Name: Name: 8832 US HWY 301 Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: WHITE, SEAN Name: Address: 8832 US HWY 301 Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEAL LEWIS PD 01/29/2004