


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91013 049 ****61.25

DOCUMENT # N03000009010 1. Entity Name BETHANY RIVERSIDE COMMUNITY CHURCH, INC.					
Principal Place of Business 4630 S KIRKMAN RD #456 ORLANDO, FL 32811-2802			Mailing Address 4630 S KIRKMAN RD #456 ORLANDO, FL 32811-2802		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABREU BRAGA, CLIMILTON DE 7240 WESTPOINTE BLVD APT 1121 ORLANDO, FL 32835-6178				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 <u>P.A. Climilton Abreu Braga</u> 04 28 04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABREU BRAGA, CLIMILTON DE JR.		NAME		
STREET ADDRESS	7240 WESTPOINTE BLVD APT 1121		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328366178		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIEIRA, ANDERSON R.		NAME		
STREET ADDRESS	7350 WESTPOINTE BLVD APT 228		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328366191		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, JOHN		NAME		
STREET ADDRESS	2406 W MOLLY LN		STREET ADDRESS		
CITY-ST-ZIP	DUNLAP, IL 615259026		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALLOF, DAVE		NAME		
STREET ADDRESS	9925 COUNTRYSIDE LN		STREET ADDRESS		
CITY-ST-ZIP	EDWARDS, IL 615289706		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSONS, RICK 5 303 N A		NAME		
STREET ADDRESS	SHFORD DR		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 616158968		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PFLEDERER, BRUCE		NAME		
STREET ADDRESS	13834 TIMBERLEA		STREET ADDRESS		
CITY-ST-ZIP	TREMONT, IL 615688968		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)(j), 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04 28 04 407 898 1757 <small>Date Daytime Phone</small>		