


FILED
Apr 04, 2007 8:00 am
Secretary of State

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03-21-2007 90044 025 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N05000001942 1. Entity Name RIVERS COMMUNITY CHURCH - IGLESIA COMMUNITARIA RIOS, INC	
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Principal Place of Business 108 1ST ST ELOISE, FL 33880	Mailing Address PO BOX 5026 ELOISE, FL 33880 US
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4099013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KENNON, MICHAEL
 3601 CYPRESS GARDENS RD.
 SUITE C
 WINTER HAVEN, FL 33884**

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 IN THIS SPACE

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) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KENNON, MICHAEL
STREET ADDRESS	6039 CYPRESS GARDENS BLVD. SUITE 144
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	KENDRICK, RUFUS E
STREET ADDRESS	6039 CYPRESS GARDENS BLVD. SUITE 144
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	PYLE, JERRY
STREET ADDRESS	136 LAKE MARIAM WAY
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Michael Kennon **3/31/07** **863 374 5502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #