2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N08000001693

Entity Name: THE RIVERHILLS FELLOWSHIP INC.

Current Principal Place of Business:

3601 CYRPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

3601 CYRPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 33884

New Mailing Address:

3572 PINE TREE LOOP
HAINES CITY, FL 33844

FEI Number: 26-1990469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNON, MICHAEL B
3601 CYPRESS GARDENS RD
SUITE C
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

MAIDEN, CLARENCE D
3572 PINE TREE LOOP
HAINES CITY, FL 33844 US

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: CLARENCE D MAIDEN 03/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAIDEN, CLARENCE D JR.
Address: 3572 PINE TREE LOOP
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: KENDRICK, RUFUS E III
Address: 3601 CYPRESS GARDENS ROAD
City-St-Zip: WINTER HAVEN, FL 33488

Title: D ( ) Delete
Name: KENNON, MICHAEL B
Address: 3601 CYPRESS GARDENS RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLARENCE D MAIDEN D 03/21/2009
Electronic Signature of Signing Officer or Director — Date