2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N29064

1. Entity Name
RIVERFRONT CENTER, INC.

Principal Place of Business	Mailing Address
6225 VECTOR SPACE BLVD. TITUSVILLE, FL 32780 US	190 S SYKES CREEK PKWY #4 MERRITT ISLAND, FL 32952 US

04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0082008
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAICH, MICHAEL G
THE MICHAEL GAICH COMPANY
190 S SYKES CREEK PKWY #4
MERRITT ISLAND, FL 32952

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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	ST
NAME	GAICH, MICHAEL
STREET ADDRESS	190 S. SYKES CREEK PKWY., SUITE 4
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	P
NAME	RABEL, EDUARDO
STREET ADDRESS	6285 VECTORSPACE BLVD
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	V
NAME	SHEPARD, DONNA
STREET ADDRESS	6350 HORIZONS DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000739279
05/14/07-80020-006 61.25

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: _____ 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #