

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000663

FILED
Apr 23, 2009
Secretary of State

Entity Name: RIVER'S EDGE COMMUNITY CHURCH FOUNDATION, INC.

Current Principal Place of Business:

3560 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3560 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0420978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ROBERT K
NELSON HESSE LLP
2070 RINGLING BOULEVARD
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELES, SCOTT
Address: 3225 BENEVA RD. APT. 102
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: MCNISH, MARSHA
Address: 4867 ELIZABETH AVE.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: LUPER, ALBERT
Address: 865 41ST STREET
City-St-Zip: SARASOTA, FL 34234

Title: D (X) Delete
Name: MASILLO, THOMAS
Address: 4459 TRAILS DRIVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCCOY, DAVID B PASTOR
Address: 3560 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

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: DAVID B MCCOY

PAST

04/23/2009

Electronic Signature of Signing Officer or Director

Date