

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003339 (7)

1. Corporation Name

RIVERWAY FELLOWSHIP, INC.



Principal Place of Business

61 ALAFAYA WOODS
OVIEDO FL 32765

Mailing Address

61 ALAFAYA WOODS
OVIEDO FL 32765

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3352503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ~~Trustee / Chairman~~ ☐ DELETE

1.1 TITLE

Trustee/Secretary

☐ Change ☒ Addition

NAME Bart Luscuskie

1.2 NAME

Christine Johnson

S

STREET ADDRESS 872 Lake Hayes Rd.

1.3 STREET ADDRESS

1615 Cuckoo Creek Ct.

CITY-ST-ZIP Oviedo, FL 32765

1.4 CITY-ST-ZIP

Oviedo, FL 32765

TITLE ~~Trustee / Treasurer~~ ☐ DELETE

2.1 TITLE

Trustee / Chairman

☐ Change ☒ Addition

NAME Brian Johnson

2.2 NAME

Bart Luscuskie

C

STREET ADDRESS 1024 Seminole Creek Dr.

2.3 STREET ADDRESS

872 Lake Hayes Rd.

CITY-ST-ZIP Oviedo, FL 32765

2.4 CITY-ST-ZIP

Oviedo, FL 32765

TITLE ~~Trustee / Secretary~~ ☒ DELETE

3.1 TITLE

Trustee / Treasurer

☐ Change ☒ Addition

NAME Donnie Wittkopf

3.2 NAME

Brian Johnson

T

STREET ADDRESS 1865 Greenbrook Ct.

3.3 STREET ADDRESS

1024 Seminole Creek Dr.

CITY-ST-ZIP Oviedo, FL 32765

3.4 CITY-ST-ZIP

Oviedo, FL 32765

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christine Johnson

4/1/96

(407) 366-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)