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FILED

May 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

61 ALAFAYA WOODS
OVIEDO FL 3278561 ALAFAYA WOODS
OVIEDO FL 32785-62343. Date Incorporated or Qualified
07/13/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 414 King Street
Suite, Apt. #, etc.25 1615 Cracker Creek CT.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 OVIEDO, FL
Zip Country28 OVIEDO, FL
Zip Country24 32765
25 USA29 32765
30 USA4. FEI Number
59-3352503Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 617.1506, 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 12

TITLE TS ☐ DELETE
NAME JOHNSON, CHRISTINE
STREET ADDRESS 1615 CRACKER CREEK CT.
CITY-ST-ZIP OVIEDO FL 327851.1 TITLE ☐ Change ☒ Addition
1.2 NAME Barry Johnson
1.3 STREET ADDRESS 1615 Cracker Creek CT
1.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE TC ☐ DELETE
NAME LUSCUSKIE, BART
STREET ADDRESS 872 LAKE HAYES RD.
CITY-ST-ZIP OVIEDO FL 327852.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TT ☒ DELETE
NAME JOHNSON, BRIAN
STREET ADDRESS 1024 SEMINOLE CREEK DR.
CITY-ST-ZIP OVIEDO FL 327653.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Johnson 5/18/97 (402)
366-7712
Daytime Phone # 0014488

CR2E037 (9/96)