

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N99000004485

1. Entity Name
RIVER CREST CHURCH, INC.



Principal Place of Business
**108 E ORANGE AVE
DAYTONA BEACH, FL 32114 US**

Mailing Address
**P. O. BOX 211353
S DAYTONA, FL 32121-1353 US**



04182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3544844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, ALDEN L
5886 WOODPOINT TER
PORT ORANGE, FL 32128**

**DO NOT WRITE
IN THIS SPACE**

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 re-filing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution... ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PELLETIER, JAMES J
STREET ADDRESS 1170 S PALMETTO AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D
NAME PELLETIER, REBECCA L
STREET ADDRESS 1170 S PALMETTO AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE T
NAME LYNN SNYDER, ALDEN
STREET ADDRESS 5886 WOODPOINT TERR
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000532632
05/06/06-80094-001 61.25

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IN THIS SPACE**

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:

Alden L. Snyder **ALDEN L. SNYDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Date

386-322-2615

Daytime Phone #