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 # 702314 (6)

1. Corporation Name

RIVER OF LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
1890 NO COURTENAY PARKWAY MERRITT ISLAND FL 32953	1890 NO COURTENAY PARKWAY MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified: 03/26/1961

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-1809108 ☐ 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

SHREINER, GLENN
150-B W PALM DR
SATELLITE BCH FL 32937

10. Name and Address of New Registered Agent

81 Name: William Hawks

82 Street Address (P.O. Box Number Is Not Acceptable): 3625 Starlight Ave.

83

84 City: Merritt Island FL 85 Zip Code: 32953

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: William R. Hawks Treasurer — William R. Hawks — 4/17/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	XX DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHREINER, GLENN		1.2 NAME		
STREET ADDRESS	150-B W PALM DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL		1.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERNEY, REV. MARK		2.2 NAME		
STREET ADDRESS	1366 JANE CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, STEVEN		3.2 NAME		
STREET ADDRESS	1605 SATURN		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change XX Addition
NAME	William Hawks		4.2 NAME	Williams Hawks	
STREET ADDRESS	3625 Starlight Ave.		4.3 STREET ADDRESS	3625 Starlight Ave.	
CITY-ST-ZIP	Merritt Island, FL 32953		4.4 CITY-ST-ZIP	Merritt Island, FL 32953	
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		

CR2E037 (12/95)

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: William R. Hawks — William R. Hawks Treasurer — 4/17/96 — 407-452-6990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #