

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702314** (6)

1. Corporation Name
RIVER OF LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business 1890 NO COURTENAY PARKWAY MERRITT ISLAND FL 32953	Mailing Address 1890 NO COURTENAY PARKWAY MERRITT ISLAND FL 32953
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified
03/26/1961

4. FEI Number 59-1809108	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKS, WILLIAM
3625 STARLIGHT AVE.
MERRITT ISLAND FL 32953**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

(NOTE: Registered Agent signature required when reinstating)

April 22, 1998
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	BERNEY, REV. MARK	1.2 NAME	
STREET ADDRESS	1306 JANE CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, STEVEN	2.2 NAME	
STREET ADDRESS	1605 SATURN	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWKS, WILLIAM	3.2 NAME	
STREET ADDRESS	3625 STARLIGHT AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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: *William R. Hawks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1998
Date

Daytime Phone #

CR2E037 (1097)