FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State **DOCUMENT # 702314** 1. Entity Name RIVER OF LIFE ASSEMBLY OF GOD, INC. 01-30-2002 90016 025 ****61.25 Principal Place of Business Mailing Address 1890 NO COURTENAY PARKWAY 1890 NO COURTENAY PARKWAY MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-1809108 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNEY, MARK Street Address (P.O. Box Number is Not Acceptable) 1775 CANAL COURT MERRITT ISLAND FL 32953 City Zip Code FL 8. The above named entity ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE ent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PCD TITLE TITLE ☐ Delete ☐ Change ☐ Addition BERNEY, REV. MARK NAME NAME 1366 JANE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATTES, HELEN NAME NAME 200 TIKI DRIVE STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL, RICK NAME NAME STREET ADDRESS 147 HAMBURG PLACE STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATTES, JIM NAME NAME 200 TIKI DRIVE STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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: