

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006064

FILED
Apr 28, 2003
Secretary of State

Entity Name: THE RIVER OF GOD MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 6308
DELTONA, FL 327286308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6308
DELTONA, FL 327286308

New Mailing Address:

FEI Number: 59-3681420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YURKIEWICZ, DAVE
1900 PLUMTREE DR.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YURKIEWICZ, DAVE
Address: 1900 PLUMTREE DR
City-St-Zip: DELTONA, FL 32725

Title: ST () Delete
Name: DAVILA, BENEDICTA
Address: 180 FORT SMITH BLVD
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: YURKIEWICZ, CARMEN L
Address: 1900 PLUMTREE DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE YURKIEWICZ

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date