2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000243

1. Entity Name
RIVER OF LIFE REVIVAL MINISTRIES INC.

Principal Place of Business	Mailing Address
1473 N CLEVELAND AVE 1 & 2 N FT MYERS, FL 33903	530 DAVIS STREET LABELLE, FL 33935

01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1074437
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELVER, RALPH
461 S MAIN ST
LABELLE, FL 33935

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOMEZ, GRANT
STREET ADDRESS	503 DAVIS ST
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VTD
NAME	GOMEZ, FREDA
STREET ADDRESS	503 DAVIS ST
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	SD
NAME	GOMEZ, MELISSA
STREET ADDRESS	503 DAVIS ST
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	OBJARTEL, DOUG
STREET ADDRESS	37 NE 8TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	D
NAME	OBJARTEL, DEBRA
STREET ADDRESS	37 NE 8TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	D
NAME	SKINNER, JERRY
STREET ADDRESS	320 7TH AVE
CITY-ST-ZIP	LABELLE, FL 33935

U00000200012
01/28/05-80009-019 61.25

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12. 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: Grant A. Gomez Jan. 25. 2005 (863) 675-7802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #