

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000243

FILED
Jun 08, 2009
Secretary of State

Entity Name: RIVER OF LIFE REVIVAL MINISTRIES INC.

Current Principal Place of Business:

14731 N CLEVELAND AVE
1 & 2
N FT MYERS, FL 33903

New Principal Place of Business:

520 W CASHEW CT
1 & 2
PUNTA GORDA, FL 33955

Current Mailing Address:

C/O GRANT W GOMEZ
520 W CASHEW CT
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 65-1074437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELVER, RALPH
461 S MAIN ST
LABELLE, FL 33935 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: GOMEZ, GRANT
Address: 503 DAVIS ST
City-St-Zip: LABELLE, FL 33935

Title: VTD () Delete
Name: GOMEZ, FREDA
Address: 503 DAVIS ST
City-St-Zip: LABELLE, FL 33935

Title: SD () Delete
Name: GOMEZ, MELISSA
Address: 503 DAVIS ST
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: OBJARTEL, DOUG
Address: 37 NE 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: OBJARTEL, DEBRA
Address: 37 NE 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: SKINNER, JERRY
Address: 320 7TH AVE
City-St-Zip: LABELLE, FL 33935

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:

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 exemption stated in Chapter 119, 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: GRANT W GOMEZ

PD

06/08/2009

Electronic Signature of Signing Officer or Director

Date