2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2010
Secretary of State

DOCUMENT# N01000000243

Entity Name: RIVER OF LIFE REVIVAL MINISTRIES INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 ( )**

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
Name: GOMEZ, GRANT
Address: 503 DAVIS ST
City-St-Zip: LABELLE, FL 33935

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GRANT W. GOMEZ PRES 06/08/2010

Electronic Signature of Signing Officer or Director Date