2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47500

FILED Mar 10, 2004 Secretary of State

Entity Name: RIVER OF LIFE COMMUNITY CHURCH, INC.

Jun Ciil F	Principal Place	of Business:	New Principal Plac	e of Business:
	25TH AVE FL 34470 US	1		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX OCALA, F	(830205 FL 344830205	JS		
FEI Numbe	r: 59-3109167	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name an	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	IG, RUSSELL 51ST AVENUE FL 34471 US	;		
	e named entity s te of Florida.	submits this statement for the pr	urpose of changing its register	red office or registered agent, or both,
SIGNATU	JRE:			
	Flectron	ic Signature of Registered Age	nt	Data
	Licotion	io oignataro er rregioterea 7 ige	iii.	Date
OFFICER	S AND DIREC			Date GES TO OFFICERS AND DIRECTOR:
OFFICER Title: Name: Address: City-St-Zip:	PD () MAZE, JOHN, 2012 SE 50TH	TORS: Delete		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () MAZE, JOHN, 2012 SE 50TH ' OCALA, FL 344 TSD () AMERLING, RU 2360 SE 51ST	TORS: Delete FERR 171 Delete SSELL E	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
Title: Name: Address:	PD () MAZE, JOHN, 2012 SE 50TH OCALA, FL 344 TSD () AMERLING, RU 2360 SE 51ST, OCALA, FL 344 D () HUGHES, ROBI 7097 SE 12TH	TORS: Delete FERR 171 Delete SSELL E AVE 171 Delete ERT CIRCLE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR: () Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () MAZE, JOHN, 2012 SE 50TH OCALA, FL 344 TSD () AMERLING, RU 2360 SE 51ST, OCALA, FL 344 D () HUGHES, ROB 7097 SE 12TH OCALA, FL 344	TORS: Delete FERR 171 Delete SSELL E AVE 171 Delete ERT CIRCLE 180 Delete RSE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

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: RUSSELL E. AMERLING TREA 03/10/2004