2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N47500

Entity Name: RIVER OF LIFE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

3102 NE 25TH AVE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830205
OCALA, FL 344830205 US

New Mailing Address:

FEI Number: 59-3109167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERLING, RUSSELL
2360 SE 51ST AVENUE
OCALA, FL 34471 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: MAZE, JOHN,
Address: 2012 SE 50TH TERR
City-St-Zip: OCALA, FL 34471

Title: TSD ( ) Delete
Name: AMERLING, RUSSELL E
Address: 2360 SE 51ST AVE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: HUGHES, ROBERT
Address: 7097 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: PRIEST, GUY
Address: 22 LARCH COURSE
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: DEHART, ALAN
Address: 7 ALMOND TRAIL COURT
City-St-Zip: OCALA, FL 34472

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: FEITH, DAVID A
Address: 2415 NE 7TH STREET. #15
City-St-Zip: OCALA, FL 34470

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 TSD 01/14/2005

Electronic Signature of Signing Officer or Director — Date