

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47500

FILED
Apr 12, 2008
Secretary of State

Entity Name: RIVER OF LIFE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

3102 NE 25TH AVE
OCALA, FL 344793050 US

New Principal Place of Business:

3201 NE 25TH AVE
OCALA, FL 344793050 US

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:

AMERLING, RUSSELL
2360 SE 51ST AVENUE
OCALA, FL 344801185 US

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: _____

04/12/2008

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: DINKINS, KENNETH
Address: 12006 SE 36TH AVENUE
City-St-Zip: BELLEVIEW, FL 34420

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: D (X) Delete
Name: MAZE, STEVE
Address: 19 ALMOND DRIVE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAZE, JOHN
Address: 2012 SE 50TH TERR
City-St-Zip: OCALA, FL 34480

Title: TSD (X) Change () Addition
Name: AMERLING, RUSSELL E
Address: 2360 SE 51ST AVE
City-St-Zip: OCALA, FL 344801185

Title: D (X) Change () Addition
Name: BLUE, CHRIS
Address: 9 PECAN PASS TRACE
City-St-Zip: OCALA, FL 34472

Title: D (X) Change () Addition
Name: PRIEST, GUY
Address: 22 LARCH COURSE
City-St-Zip: OCALA, FL 34472

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: RUSSELL E AMERLING

TSD

04/12/2008

Electronic Signature of Signing Officer or Director

Date