

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90187 009 ****61.25

DOCUMENT # N47500

1. Entity Name
RIVER OF LIFE COMMUNITY CHURCH, INC.



Principal Place of Business

**3102 NE 25TH AVE
OCALA FL 34470
US**

Mailing Address

**P.O. BOX 830205
OCALA FL 34483-0205
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3109167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERLING, RUSSELL
2360 SE 51ST AVENUE
OCALA FL 34471-5785**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MAZE, JOHN**
STREET ADDRESS **2012 SE 50TH TERR**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TSD** ☐ Delete
NAME **AMERLING, RUSSELL E**
STREET ADDRESS **2360 SE 51ST AVE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUGHES, ROBERT**
STREET ADDRESS **7097 SE 12TH CIRCLE**
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PRIEST, GUY**
STREET ADDRESS **22 LARCH COURSE**
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEHART, ALAN**
STREET ADDRESS **7 ALMOND TRAIL COURT**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NIXON, TIM**
STREET ADDRESS **10 SILVER COURT**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: RUSSELL AMERLING

1-15-2003/352-624-2854

CR2E037 (10/02)