

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000707 (0)  
1. Corporation Name  
**RIVER OF LIFE CHRISTIAN MINISTRIES, INC.**

Principal Place of Business Mailing Address  
156 W ROBERTSON ST  
BRANDON FL 33511  
1604 RT 60 EAST  
UNITS E & F  
VALRICO FL 33594

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 3411 Westfield Dr.  
22 City & State 27 3  
23 Zip Country 28 Brandon, Fl.  
24 33511 29 30 Hillsborough

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/11/1993 3a. Date of Last Report 07/18/1994

4. FEI Number 59-3168490 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
PEAVYHOUSE, RUSSELL K  
10002 PRINCESS PALM AVE  
SUITE 228  
TAMPA FL 33619

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and fee if applicable) (831E) Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAY, GARY
STREET ADDRESS	3411 WESTFIELD DR
CITY - ST - ZIP	BRANDON FL 33511
TITLE	D
NAME	MILLER, HOWARD E
STREET ADDRESS	PO BOX 412 N/A
CITY - ST - ZIP	LITHIA FL 33547
TITLE	D
NAME	WHITLOCK, JUDY M
STREET ADDRESS	2512 ELM ST
CITY - ST - ZIP	SEFFNER FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Ray Gary Ray 4-25-95 813-654-8375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature 1992)