

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90049 004 ****61.25

DOCUMENT # 702314

1. Entity Name
RIVER OF LIFE ASSEMBLY OF GOD, INC.



Principal Place of Business
1890 NO COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

Mailing Address
1890 NO COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

40050673



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1809108

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERNEY, MARK
1775 CANAL COURT
MERRITT ISLAND, FL 32953

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BERNEY, REV. MARK	
STREET ADDRESS	1775 CANAL COURT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, RICK	
STREET ADDRESS	6015 CHAPMAN ST	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, GENE	
STREET ADDRESS	5732 BEAVERBROOK ST	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FINNEGAN, PATRICK	
STREET ADDRESS	4550 TANGELO AVE	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LERRET, DAVID	
STREET ADDRESS	760 SUNSET LAKES DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Berney, Lorraine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		P.O. Box 2854	
STREET ADDRESS		Titusville, FL 32781	
CITY-ST-ZIP			
TITLE	D	Mates, Jim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		200 Tiki Dr.	
STREET ADDRESS		Merritt Island, FL 32953	
CITY-ST-ZIP			
TITLE	TD	Lowe, Keith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3505 Savannahs Trail	
STREET ADDRESS		Merritt Island, FL 32953	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

Daytime Phone #