

739/33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

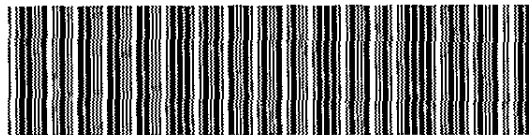
(Business Entity Name)

(Document Number)

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06 OCT 24 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

10/26/06--01008--006 \*\*35.00

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: River of Life Christian Center, Riverview, FL, INC  
(Name of Corporation)

DOCUMENT NUMBER: 739133

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Johnny L. Honaker

(Name of Contact Person)

River of Life Christian Center

(Firm/Company)

1518 Heritage Dr

(Address)

Valrico, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

Cecilia Honaker

(Name of Contact Person)

at ( 813 ) 677-4453

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
OCT 18 AM 8:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2006

JOHNNY L. HONAKER  
RIVER OF LIFE CHRISTIAN, RIVERVIEW, FL  
1518 HERITAGE DRIVE  
VALRICO, FL 33594

SUBJECT: RIVER OF LIFE CHRISTIAN CENTER, RIVERVIEW, FL, INC  
Ref. Number: 739133

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document of processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 006A00060827

✓ Dear Thelma

The documents and the check passed  
in the mail. I believe you have the  
documentation in hand according to our  
phone conversation 10/23/06.

If you need further information 813-810-1846  
813-677-4453

Thank you  
Cecilia Honaker

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: River of Life Christian Center, Riverview, FL, INC
2. The principal office address: 6605 Krycul Ave Riverview, FL 33569
3. The mailing address (if different): P.O. Box 1039 Riverview FL 33568
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 739133
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ken Collins

11209 Oak Drive.

Riverview, FL 33569

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Johnny L. Honaker

1518 Heritage Dr

(P.O. Box NOT acceptable)

Valrico, FL 33594

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary E Larson  
(Signature of an officer or director)

Mary E Larson  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Job Z. Hanks  
(Signature of Registered Agent)

10/12/06

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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