


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90033 031 ****61.25

DOCUMENT # 739133 1. Entity Name RIVER OF LIFE CHRISTIAN CENTER, RIVERVIEW, FL, INC					
Principal Place of Business 6605 KRYCUL AVENUE RIVERVIEW, FL 33568			Mailing Address P. O. BOX 1039 RIVERVIEW, FL 33568		
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	07052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1828610				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HONAKER, JOHNNY L 1518 HERITAGE DRIVE VALRICO, FL 33359-4			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S/T	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, MARY		NAME	Tom Bozzuto	
STREET ADDRESS	2714 HIDEAWAY LANE		STREET ADDRESS	11300 Brownstone Ct	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, BETTY		NAME	Guy Canaday	
STREET ADDRESS	8446 E. 27TH AVENUE		STREET ADDRESS	11906 Rhodine Rd	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONAKER, JOHNNY L		NAME		
STREET ADDRESS	1518 HERITAGE DR.		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, TINA		NAME	Diego Rodriguez	
STREET ADDRESS	8817 DYER ROAD		STREET ADDRESS	10627 Dawn Light Dr	
CITY-ST-ZIP	RIVERVIEW, FL 33619		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, KENNETH D		NAME	George Carter	
STREET ADDRESS	1230 LORNEWOOD DRIVE		STREET ADDRESS	12303 Glenhurst Dr.	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	Riverview, FL 33579	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, TERRY		NAME	Denis Timkee	
STREET ADDRESS	9702 WHITEBARN WAY		STREET ADDRESS	5408 Garden Arbor Dr	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Lot 2, FL 33558	
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: <u>Johnny Honaker</u> Aug 23, 2007 813-677-4453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					