


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90015 027 ****61.25

DOCUMENT # 739133 1. Entity Name RIVER OF LIFE CHRISTIAN CENTER, RIVERVIEW, FL, INC	
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Principal Place of Business 6605 KRYCUL AVENUE RIVERVIEW, FL 33568	Mailing Address P. O. BOX 1039 RIVERVIEW, FL 33568
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DO NOT WRITE IN THIS SPACE

40012403



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1828610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HONAKER, JOHNNY L
1518 HERITAGE DRIVE
VALRICO, FL 33359-4

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOZZOTO, TOM 11302 BROWNSTONE CT RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANADAY, GUY 11906 RHODINE RD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HONAKER, JOHNNY L 1518 HERITAGE DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RODRIGUEZ, DIEGO 10627 DAWN LIGHT DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARTER, GEORGE 12303 GIENSHIRE DR RIVERVIEW, FL 33579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TIMKEE, DENIS 5408 GARDEN ARBOR DR LUTZ, FL 33558

**DO NOT WRITE
IN THIS SPACE**

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: Johnny Honaker Johnny HONAKER 1-16-08 813-677-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #