

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 06, 2009
Secretary of State

DOCUMENT# 739133

Entity Name: RIVER OF LIFE CHRISTIAN CENTER, RIVERVIEW, FL, INC**Current Principal Place of Business:**6605 KRYCUL AVENUE
RIVERVIEW, FL 33568**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 1039
RIVERVIEW, FL 33568**New Mailing Address:****FEI Number:** 59-1828610**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HONAKER, JOHNNY L
1518 HERITAGE DRIVE
VALRICO, FL 333594 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TS () Delete
Name: BOZZOTO, TOM
Address: 11302 BROWNSTONE CT
City-St-Zip: RIVERVIEW, FL 33569**Title:** VP () Delete
Name: CANADAY, GUY
Address: 11906 RHODINE RD
City-St-Zip: RIVERVIEW, FL 33569**Title:** P () Delete
Name: HONAKER, JOHNNY L
Address: 1518 HERITAGE DR.
City-St-Zip: VALRICO, FL 33594**Title:** TR (X) Delete
Name: RODRIGUEZ, DIEGO
Address: 10627 DAWN LIGHT DR
City-St-Zip: RIVERVIEW, FL 33569**Title:** TR () Delete
Name: CARTER, GEORGE
Address: 12303 GIENSHIRE DR
City-St-Zip: RIVERVIEW, FL 33579**Title:** TR () Delete
Name: TIMKEE, DENIS
Address: 5408 GARDEN ARBOR DR
City-St-Zip: LUTZ, FL 33558**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TS (X) Change () Addition
Name: MULLINS, PAUL
Address: 13420 BURNETT RD.
City-St-Zip: WIMAUMA, FL 33598**Title:** VP (X) Change () Addition
Name: REGAN, JIM
Address: 401 MAHOGANY DR.
City-St-Zip: SEFFNER, FL 33584**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY L. HONAKER

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date