

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744783 (2)
1. Corporation Name

RIVER OF LIFE WORSHIP CENTER, INC.



Principal Place of Business: **4825 DENISE AVE LAKELAND FL 33813**
Mailing Address: **4825 DENISE AVE LAKELAND FL 33813**

3. Date Incorporated or Qualified: **11/01/1978**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
59-1856361	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, CHARLES E.T.
4825 DENISE AVE
LAKELAND FL 33813

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STRICKLAND, CHARLES T.	1.2 NAME	
STREET ADDRESS	4825 DENISE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	STRICKLAND, CHARLES T.	2.2 NAME	
STREET ADDRESS	4825 DENISE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	STD
NAME	PALENCIA, JEANETTE	3.2 NAME	STRICKLAND, CHARLES E.T.
STREET ADDRESS	5220 SR 579 LOT 22	3.3 STREET ADDRESS	4825 DENISE AVE., LAKELAND, FL. 33813
CITY-ST-ZIP	SEFFNER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PALENCIA, JEANETTE	4.2 NAME	
STREET ADDRESS	5220 SR 579 LOT 22	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	MCSHERRY, SHEILA	5.2 NAME	KENNETH DEES
STREET ADDRESS	317 TAHO LANE SR #60	5.3 STREET ADDRESS	3312 EDWARDS RD., PLANT CITY, FL. 33567
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles E.T. Strickland* Charles E.T. Strickland 4-3-96 941-644-4528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)