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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33813-2417
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/01/1978	3a. Date of Last Report 04/08/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1856361	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	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
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, CHARLES T.	
STREET ADDRESS	4825 DENISE AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, CHARLES T.	
STREET ADDRESS	4825 DENISE AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, CHARLES E T	
STREET ADDRESS	4825 DENISE AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALENCIA, JEANETTE	
STREET ADDRESS	5220 SR 579 LOT 22	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEES, KENNETH	
STREET ADDRESS	3312 EDWARDS RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Dees, Kenneth
5.3 STREET ADDRESS	126 7th St.
5.4 CITY-ST-ZIP	Eloise FLORIDA 33880
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 T. Strickland* (D) *Charles T. Strickland* 4-20-97 941-644-4528

CR2E037 (9/96)