

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744783

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1856361

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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 type="checkbox"/> Delete
NAME	DEES, KENNETH	
STREET ADDRESS	126 7TH ST	
CITY-ST-ZIP	ELOISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Charles T. Strickland Charles T. Strickland 4-28-2000 644-4528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90861 028 ****70.00

CR2E037 (9/99)