

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90978 021 ****70.00

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**

2. Principal Place of Business
13207 McIntosh Rd

3. Mailing Address
13207 McIntosh Rd.

Suite, Apt. #, etc.
Thonotosassa, Fl.

Suite, Apt. #, etc.
Thonotosassa, Fl.

City & State
Thonotosassa, Fl.



CHECK HERE IF MAKING CHANGES

Zip
33592

Country
USA

Zip
33592

Country
USA

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

7. Name and Address of New Registered Agent

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

Name **Charles E.T. Strickland**

Street Address (P.O. Box Number is Not Acceptable)
13207 McIntosh Rd

City **Thonotosassa** FL Zip Code **33592**

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, CHARLES T. 4825 DENISE AVE. LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRICKLAND, CHARLES T. 4825 DENISE AVE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRICKLAND, CHARLES E T 4825 DENISE AVE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALENCIA, JEANETTE DOUBLE D CIRCLE TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, KENNETH 3818 AVE. R. NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Strickland, Charles T. 13207 McIntosh Rd Thonotosassa, Fl. 33592	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Strickland, Charles T. 13207 McIntosh Rd. Thonotosassa, Fl. 33592	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Strickland, Charles E.T. 13207 McIntosh Rd. Thonotosassa, Fl. 33592	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E.T. Strickland** 4-26-03 813-986-5766

CR2E037 (10/02)