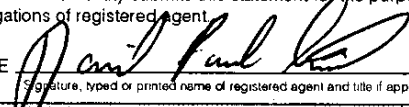
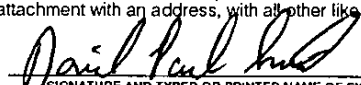


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90339 012 ****61.25

DOCUMENT # 746130 1. Entity Name THE RIVER OF LIFE, A CHRISTIAN WORSHIP CENTER, INC.					
Principal Place of Business 500 SW BETHANY DR. PORT ST. LUCIE FL 34986 US			Mailing Address 500 SW BETHANY DR. PORT ST. LUCIE FL 34986 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1897100	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, DAVID PAUL 2006 NE RIVER COURT JENSEN BEACH FL 34957				7. Name and Address of New Registered Agent Name SMITH, DAVID PAUL Street Address (P.O. Box Number is Not Acceptable) 120 S. SHORE ROAD STUART, FLORIDA 34994 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				DATE 4/19/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	VS SMITH, THOMAS E SR 510 BETHANY DRIVE PORT SAINT LUCIE FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SMITH, THOMAS E SR 1720 SW MOCKINGBIRD DR PORT ST LUCIE, FL 34986	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, DAVID PAUL 2006 NE RIVER CT JENSEN BEACH FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, DAVID PAUL 120 S. SHORE ROAD STUART, FL 34994	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEITH, TRACY 3908 SW LEESBURG ST PORT SAINT LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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:  David Paul Smith 4/19/05 772 340 3440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					