2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State
08-23-2007 90023 028 ****70.00

DOCUMENT # 746130

1. Entity Name
THE RIVER OF LIFE, A CHRISTIAN WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
500 SW BETHANY DR. PORT ST. LUCIE, FL 34986 US	500 SW BETHANY DR. PORT ST. LUCIE, FL 34986 US

401306-

07062007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1897100
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID PAUL
120 S SHORE ROAD
STUART, FL 34994

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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: ⊗ David Paul Smith
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, DAVID P
STREET ADDRESS	120 S SHORE RD
CITY-ST-ZIP	STUART, FL 34994
TITLE	VT
NAME	SMITH, ROBERTA K
STREET ADDRESS	120 S SHORE ROAD
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	SMITH, THOMAS E SR
STREET ADDRESS	1720 SW MOCKINGBIRD DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #