

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90049 041 ****61.25

DOCUMENT # 758882

1. Entity Name

RIVER OF LIFE CHURCH OF TAMPA BAY, INC.



Principal Place of Business

410 CHAPMAN RD EAST
LUTZ FL 33549

Mailing Address

410 CHAPMAN RD EAST
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2103187

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

COFLIN, PASTOR DANIEL
14502 CLIFTY CT
TAMPA FL 33624

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. I am familiar with, and accept the obligations of registered agent.

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
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

TITLE	MT	<input type="checkbox"/> Delete
NAME	ELDRIDGE, JOE	
STREET ADDRESS	1913 OAKS ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COFLIN, DANIEL	
STREET ADDRESS	14502 CLIFTY CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COFLIN, DIANNE	
STREET ADDRESS	14502 CLIFTY CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALBASINI, JACQUELINE	
STREET ADDRESS	4904 EBENSBURG DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	MT	<input type="checkbox"/> Delete
NAME	WINGATE, DOUGLAS	
STREET ADDRESS	16120 CHASTAIN ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	MT	<input type="checkbox"/> Delete
NAME	BENJAMIN, ANGELI	
STREET ADDRESS	1602 FLUORSHIRE DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	

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		
TITLE	MT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, ANGELI	
STREET ADDRESS	1334 COSTA MESA DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33549	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.26.2005 (813) 949-9931

Date

Daytime Phone #