

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758882

FILED
Mar 22, 2007
Secretary of State

Entity Name: RIVER OF LIFE CHURCH OF TAMPA BAY, INC.

Current Principal Place of Business:

410 CHAPMAN RD EAST
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

410 CHAPMAN RD EAST
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2103187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFLIN, PASTOR DANIEL
14502 CLIFTY CT
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MT () Delete
Name: ELDRIDGE, JOE,
Address: 1913 OAKS ST
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: COFLIN, DANIEL
Address: 14502 CLIFTY CT
City-St-Zip: TAMPA, FL 33624

Title: VSD () Delete
Name: COFLIN, DIANNE
Address: 14502 CLIFTY CT
City-St-Zip: TAMPA, FL 33624

Title: ST () Delete
Name: ALBASINI, JACQUELINE
Address: 6040 RIVER TRACE ST
City-St-Zip: TAMPA, FL 33617

Title: MT () Delete
Name: WINGATE, DOUGLAS
Address: 16120 CHASTAIN ROAD
City-St-Zip: ODESSA, FL 33556

Title: MT () Delete
Name: BENGAMIN, ANGEL I
Address: 1334 COSTA MESA DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MARTIN, MIKE
Address: 28725 SKYGLADE PL.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MARTIN

ST

03/22/2007

Electronic Signature of Signing Officer or Director

Date