2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am DOCUMENT # F01000005758 **Secretary of State** RIVER OF REVIVAL MINISTRIES, INC. 03-07-2002 90035 048 ****61.25 Principal Place of Business Mailing Address 1040 E. MCCANSE ST. 1040 E. MCCANSE ST. SPRINGFIELD MO 65803 SPRINGFIELD MO 65803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 81-<u>0518343</u> Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARTIN, LARRY 8202 KAUSE ROAD PENSACOLA FL 32506 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PCD TITI F ☐ Delete TITI F ☐ Change CR2E037 (9/01 Martin, Larry NAME NAME Bowman, Charles 8202 KAUSE ROAD STREET ADDRESS STREET ADDRESS ABUNDANT LIFE TABERNACLE HArdoeville, SC 29927 PENSACOLA FL CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition MONTGOMERY, DAVID NAME NAME NEAL, WAYNE **ROUTE 2 BOX 2-2** STREET ADDRESS STREET ADDRESS 221 Lundh BLUD CITY-ST-ZIP COMANCHE OK CITY-ST-ZIP MarchField, Mo TITLE STD Delete TITLE Change Addition MARTIN, TAJUANA NAME NAME DODD, JAMES STREET ADDRESS 8202 KAUSE ROAD STREET ADDRESS 531 GINGER BREAD LANE PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP WAXAHACHIE, TX 75165 ТΙΊΙ Ε ☐ Delete TITLE □ Change Addition HARKINS, WARREN NAME ALexandor, Deena RT 2 BOX 2 STREET ADDRESS STREET ADDRESS 4720 ADAMS AUE CITY-ST-ZIP COMANCHE OK CITY-ST-ZIP Bartlesoille, OK 74006 TITLE ☐ Delete TITLE ☐ Change Addition Martin, DAN NAME DAN ROUTE 4 BOX 140 STREET ADDRESS STREET ADDRESS BOX 140 CITY-ST-ZIP CITY-ST-ZIP Mailow, OK 73055 TITLE ☐ Delete DIJEN! DILLMY DAVID NAME NAME 1242 STREET ADDRESS 86TH AUE STREET ADDRESS 12421 S. 86TH AUE CITY-ST-7IP CITY-ST-ZIP 74008 BIXBY, OK 74008

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.

TIATURE REARLIRADA

TUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

7 25 02 850-457-705 Daytime Phone *