

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000270

1. Entity Name

RIVER OF LIFE FAMILY WORSHIP CENTER, INC.

Principal Place of Business

34 E. 5TH STREET,STE.1  
STUART FL 34994

Mailing Address

34 E. 5TH STREET,STE.1  
STUART FL 34994

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHERRARD, JOHN E  
34 E. 5TH STREET,STE.1  
STUART FL 34994

7. Name and Address of New Registered Agent

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHERRARD, JOHN E  
STREET ADDRESS 34 E. 5TH STREET,STE.1  
CITY-ST-ZIP STUART FL 34994

TITLE D ☐ Delete  
NAME WILEY, JAMES  
STREET ADDRESS 814 S.E. TULIP BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE D ☐ Delete  
NAME SMITH, VINCENT  
STREET ADDRESS 1490 S.E. COVE ROAD  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D NEMETH, DORIS M  
STREET ADDRESS 507 S.E. MAPLE TERR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE ☐ Change ☒ Addition  
NAME EDWARD L. NEMETH  
STREET ADDRESS 507 S.E. MAPLE TERR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED* DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 561-283-9322

Date

Daytime Phone #

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90092 001 \*\*\*\*61.25

00036450



DO NOT WRITE IN THIS SPACE

31-17020423

4. FEI Number

~~31-164828~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)