

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001394

FILED
Feb 04, 2006
Secretary of State

Entity Name: RIVER OF FIRE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

13717 NW 2ND AVE
E65
VANCOUVER, WA 98686

New Principal Place of Business:

Current Mailing Address:

13717 NW 2ND AVE
E65
VANCOUVER, WA 98686

New Mailing Address:

FEI Number: 59-3671295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, GLENN
7196 SIENNA RIDGE LANE
LAUDERHILL, FL 33319 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: PSD () Delete
Name: STONECIPHER, JASON
Address: 13717 NW 2ND AVE E65
City-St-Zip: VANCOUVER, WA 98685

Title: VPTD () Delete
Name: STONECIPHER, CATHY
Address: 13717 NW 2ND AVE E65
City-St-Zip: VANCOUVER, WA 98685

Title: D () Delete
Name: RICH, DEBBIE
Address: 16057 TAMPA PALMS BLVD W #131
City-St-Zip: TAMPA, FL 33647 US

Title: O () Delete
Name: HOLVERSON, MARTHA K
Address: 13717 NW 2ND AVE H102
City-St-Zip: VANCOUVER, WA 98685

Title: O () Delete
Name: DERORA, ANYSIA
Address: 13717 NW 2ND AVE #H102
City-St-Zip: VANCOUVER, WA 98685

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: O (X) Change () Addition
Name: HOLLADAY, KEITH
Address: 2367 N. ELM ST.
City-St-Zip: COMMERCE, GA 30529

Title: O (X) Change () Addition
Name: BOYD, JAMES
Address: 3911 STATE RD. 84 #203
City-St-Zip: DAVIE, FL 33312

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: JASON STONECIPHER

PSD

02/04/2006

Electronic Signature of Signing Officer or Director

Date