


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006064	
1. Entity Name THE RIVER OF GOD MINISTRIES, INC.	

Principal Place of Business 1070 JOEL COURT DELTONA, FL 32738	Mailing Address 1070 JOEL COURT DELTONA, FL 32738
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3681420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YURKIEWICZ, DAVE
1070 JOEL CT.
DELTONA, FL 32738**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	YURKIEWICZ, DAVE
NAME	
STREET ADDRESS	1070 JOEL CT.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE S	YURKIEWICZ, LYNETTE
NAME	
STREET ADDRESS	1070 JOEL COURT
CITY-ST-ZIP	DELTONA, FL 32738
TITLE T	YURKIEWICZ, CARMEN L
NAME	
STREET ADDRESS	1070 JOEL CT.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000738870
05/14/07-80002-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dave Yurkiewicz* **DAVE YURKIEWICZ** **4/23/07** **386-878-5672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #