

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90168 017 *****61.25

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DOCUMENT # NO1000000301

1. Entity Name

RIVERS OF LIFE MINISTRIES, INC.



Principal Place of Business

127 N WARRINGTON RD
PENSACOLA FL 32506

Mailing Address

127 N WARRINGTON RD
PENSACOLA FL 32506

2. Principal Place of Business

1412 W. FAIRFIELD DR.

3. Mailing Address

127 N. Warrington Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#13

City & State

Pensacola, Florida

City & State

Pensacola FL

Zip

32505

Country

Ecuador

Zip

32506

Country

Ecuador

4. FEI Number **59-3665204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARD, CLARENCE V
1770 CONDOR DR
CANTONMENT FL 32533

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

31 April 03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	EDWARDS, CLARENCE V	
STREET ADDRESS	1770 CONDOR DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RYAN, ANTHONY J	
STREET ADDRESS	2002 ALFRED BLVD	
CITY-ST-ZIP	NAVARRE FL 32568	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDWARDS, DENISE C	
STREET ADDRESS	1770 CONDOR DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA COCHRAN	
STREET ADDRESS	3840 Potosi Rd.	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

31 April 03 850543137

CR2E037 (10/02)