

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

03-26-2003 90183 029 \*\*\*61.24

FILE NO 000004769

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 31 AM 10:25

DOCUMENT # N01000004769

1. Entity Name

THE RIVER OF GOD MINISTRY, INTERNATIONAL, INC.



Principal Place of Business

107 OAK HILL RD.  
VALRICO FL 33594

Mailing Address

107 OAK HILL RD.  
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1118572

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, EDDI  
107 OAK HILL RD.  
VALRICO FL 33594

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

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 P ☐ Delete  
NAME WILLIAM, EDDI  
STREET ADDRESS 107 OAK HILL RIDGE RD.  
CITY-ST-ZIP VALRICO FL 33594

TITLE VTD ☐ Delete  
NAME WILLIAM, HUGUETTE M  
STREET ADDRESS 107 OAK HILL RIDGE RD.  
CITY-ST-ZIP VALRICO FL 33594

TITLE T ☐ Delete  
NAME DIXON, DENISE E  
STREET ADDRESS 19815 WYNDHAM LAKES DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE T ☐ Delete  
NAME TUTELA, DEBBIE  
STREET ADDRESS 19910 WYNDMILL CIRCLE  
CITY-ST-ZIP ODESSA FL 33556

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  
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STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-03

Date

(583) 658-4801

Daytime Phone

CR2E037 (10/02)