


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # N01000007355 1. Entity Name RIVER OF LIFE FELLOWSHIP MINISTRIES, INC.	
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Principal Place of Business 1046 SEBASTIAN ROAD BAREFOOT BAY, FL 32976	Mailing Address 1046 SEBASTIAN ROAD BAREFOOT BAY, FL 32976
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01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3728616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MORINE, JOHN D 1046 SEBASTIAN ROAD BAREFOOT BAY, FL 32976
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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 NAME STREET ADDRESS CITY - ST - ZIP	D MORINE, JOHN D 1046 SEBASTIAN ROAD BAREFOOT BAY, FL 32976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORINE, ALISON 1046 SEBASTIAN ROAD BAREFOOT BAY, FL 32976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, MAURICE 742 ROSEBUSH TERR SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WANDA, JOHNSON 742 ROSE BUSH TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000181570 01/18/05-80003-004 61.25
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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: <u>REV John Morine, Rev John Morine</u> 1/11/05 772 664 60 78 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>