

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000007387

1. Entity Name
RIVER OF LIFE CHURCH MINISTRIES, INC.



Principal Place of Business
**1825 NORTHWEST 121 STREET
MIAMI, FL 33167**

Mailing Address
**1825 NORTHWEST 121 STREET
MIAMI, FL 33167**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/08)

4. FBI Number
65-1148849

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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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 _____

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

(NOTE: Registered Agent signature required when releasing)

DATE _____

**Filing Fee is \$91.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARDY, TODD O
STREET ADDRESS 1825 NORTHWEST 121 STREET
CITY-ST-ZIP MIAMI, FL 33167

TITLE SD
NAME HARDY, ALMER L
STREET ADDRESS 1825 NORTHWEST 121 STREET
CITY-ST-ZIP MIAMI, FL 33167

TITLE TD
NAME DIANE, ODOM
STREET ADDRESS 2051 NW 64 STREET APT 103
CITY-ST-ZIP MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/10/08-80005-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Todd O. Hardy (Pres/Hand) 1/7/2008 767-0886