2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008070

FLYNN, VIRGINIA

6123 GRANT STREET

HOLLYWOOD, FL 33024

Name:

Address:

City-St-Zip:

e: RIVER OAK COMMUNITY CHURCH INC

FILED Oct 19, 2004 Secretary of State

Entity Nar	me: RIVER	OAK COMMUN	ITY CHURCH, IN	C.				
Current Principal Place of Business:				New Principal Place of Business:				
6123 GRA HOLLYWO	NT ST. OOD, FL 33	024						
Current Mailing Address:				New Mailing Address:				
6123 GRA HOLLYWO	NT ST. DOD, FL 33	024						
FEI Number:	65-1131936	FEI Number A	Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
6123 GRA	MICHAEL F NT ST. OOD, FL 33							
	named enti e of Florida.	ty submits this st	atement for the p	urpose of changing i	ts registered	d office or registered agent	, or both,	
SIGNATUR	RE:							
	Elect	ronic Signature o	f Registered Age	nt		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT ZULINKE, M 6123 GRAN HOLLYWOO			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VT ZULINKE, D 6123 GRAN HOLLYWOO			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	T CARTER, R 1216 SW 3 ⁻ FORT LAUE		2	Title: Name: Address: City-St-Zip:	CARTER, RO 1216 SW 31			
Title:	TS	(X) Delete		Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL P. ZULINKE PRES 10/19/2004