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

FILED
Jun 12, 2003 8:00 am
Secretary of State
05-12-2003 90209 033 ****70.00

DOCUMENT # N01000008070

1. Entity Name
River Oak Community Church, INC.

DO NOT WRITE IN THIS SPACE

55047722

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2. Principal Place of Business	3. Mailing Address
6123 Grant Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood Florida	City & State: SAME
Zip: 33024 Country: USA	Zip: Country:

4. FEI Number: 65-1131936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Zulinke
Street Address (P.O. Box Number is Not Acceptable): 6123 Grant Street
City: Hollywood FL Zip Code: 33024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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
NAME	MICHAEL ZULINKE
STREET ADDRESS	6123 GRANT Street
CITY-ST-ZIP	Hollywood FL 33024
TITLE	V
NAME	DARYLANN ZULINKE
STREET ADDRESS	6123 GRANT STREET
CITY-ST-ZIP	Hollywood, FL 33024
TITLE	S
NAME	Virginia FLYNN
STREET ADDRESS	6123 GRANT STREET #A
CITY-ST-ZIP	Hollywood FL 33024
TITLE	T
NAME	ROXANNE CARTER
STREET ADDRESS	1216 SW 31st AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Michael Zulinke Reverend Michael Zulinke 05-11-03 954-966-8039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

55047722
N0100000802C

To Whom it May Concern,

We have Placed a T next to All the names as you requested. I hope We did your request proper. If there are any problems let us Know.

Thank You
Daryl Ann Zuhlke
Daryl Ann Zuhlke