

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000139

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: RIVER OF LIFE MINISTRIES, INC.

## Current Principal Place of Business:

4700 HIATUS RD.  
SUITE 254  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 821267  
SOUTH FLORIDA, FL 330821267

## New Mailing Address:

FEI Number: 01-0562533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, JAMES M DR.  
15121 NW 8TH ST.  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEE, JAMES M DR.  
Address: 15121 NW 8TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: LEE, MARGARITA E  
Address: 15121 NW 8TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: ROWAN, MARK S  
Address: 112 PADDLE WHEEL COVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: ROWAN, JENNIFER M  
Address: 112 PADDLE WHEEL COVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: GRADDY, RICHARD T  
Address: 2101 A WALZ CT.  
City-St-Zip: JEFFERSON CITY, MO 65101

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCPHERSON, CLARENCE  
Address: 4661 BERRYWOOD RD.  
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ALBIN, KENNITH  
Address: 15997 S.W. 14TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33027

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.

SIGNATURE: JAMES M. LEE

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date