

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000139

FILED
Apr 09, 2007
Secretary of State

Entity Name: RIVER OF LIFE MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 6128
VIRGINIA BEACH, VA 234560128

New Principal Place of Business:

3909 WINWICK WAY
VIRGINIA BEACH, VA 23456

Current Mailing Address:

P.O. BOX 6128
VIRGINIA BEACH, VA 234560128

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.
3909 WINWICK WAY
VIRGINIA BEACH, VA, FL 23456 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: 3909 WINWICK WAY
City-St-Zip: VIRGINIA BEACH, VA 23456

Title: D () Delete
Name: LEE, MARGARITA E
Address: 3909 WINWICK WAY
City-St-Zip: VIRGINIA BEACH, VA 23456

Title: D () Delete
Name: ZOOK, DARLENE
Address: 762 SHORE DRIVE
City-St-Zip: DESTIN, FL 32550

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

Title: D () Delete
Name: GRADDY, RICHARD T
Address: 605 SUMMERTIME DRIVE
City-St-Zip: ASHLAND, MO 65010

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DR. JAMES M. LEE

D

04/09/2007

Electronic Signature of Signing Officer or Director

Date