# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2009**
**Secretary of State**

DOCUMENT# N02000000139

**Entity Name:** RIVER OF LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

405 OAKMEARS CRESCENT, SUITE 7
VIRGINIA BEACH, VA 23462

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6128
VIRGINIA BEACH, VA 23456

**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:**

LEE, JAMES M DR.
3909 WINWICK WAY
VIRGINIA BEACH, FL 23456 US

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: _____ 01/29/2009
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: FOX, JOSEPH R
Address: 5208 CANOE LANDING
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: D ( ) Delete
Name: LIMMER, DAVID
Address: 17000 HWY 220
City-St-Zip: CASPER, WY 82604

**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
Name:
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 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: JAMES M. LEE DR. 01/29/2009
Electronic Signature of Signing Officer or Director — Date