2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000139

P O BOX 309

NICEVILLE, FL 32588

Address:

City-St-Zip:

Entity Name: RIVER OF LIFE MINISTRIES, INC.

FILED Jan 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P O BOX 309 PO BOX 293098 NICEVILLE, FL 32588 DAVIE, FL 333293098 **Current Mailing Address:** New Mailing Address: PO BOX 293098 P O BOX 309 NICEVILLE, FL 32588 DAVIE, FL 333293098 FEI Number: 01-0562533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMSON, A WAYNE WELTON & WILLIAMSON, P.A. 1020 FERDON BLVD SOUTH CRESTVIEW, FL 32536 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEE, JAMES M DR LEE, JAMES M DR Name: Name: P O BOX 309 Address: 2452 CENTERGATE DR. APT 202 Address: City-St-Zip: NICEVILLE, FL 32588 City-St-Zip: MIRAMAR, FL 33025 (X) Change () Addition Title: Title: () Delete Name: LEE, MARGARITA E Name: LEE, MARGARITA E Address: P O BOX 309 Address: 2452 CENTERGATE DR. APT 202 City-St-Zip: NICEVILLE, FL 32588 City-St-Zip: MIRAMAR, FL 33025 Title: () Delete Title: (X) Change () Addition GRADDY, RICHARD T ROWAN, MARK S Name: Name: P O BOX 309 Address: Address: 304 23RD ST. City-St-Zip: NICEVILLE, FL 32588 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: (X) Change () Addition TINSLEY, TERESA R Name: Name: TINSLEY, TERESA R 105 DAVIS DR. Address: P O BOX 309 Address: City-St-Zip: NICEVILLE, FL 32588 City-St-Zip: NICEVILLE, FL 32578 Title: (X) Delete Title: () Change () Addition ROWAN, JENNIFER L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES M. LEE D 01/29/2003