2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001052

Entity Name: RIVERS OF COMPASSION MINISTRIES INC.

FILED Mar 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10725 WINHILL COURT 10725 WINDHILL COURT CLERMONT, FL 34711 US CLERMONT, FL 34711 US **Current Mailing Address: New Mailing Address:** 10725 WINHILL COURT 10725 WINDHILL COURT CLERMONT, FL 34711 US CLERMONT, FL 34711 US FEI Number: 26-5563600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIEL, FLORES 6027 WALBRIDGE ST. ORLANDO, FL 32809 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 MERCADO, NATHAN MERCADO, NATHAN Name: Name: 10725 WINHILL COURT Address: 10725 WINDHILL COURT Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: CLERMONT, FL 34711 US (X) Change () Addition Title: () Delete Title: MERCADO, MARIA Name: MERCADO, MARIA L Name: Address: 10725 WINHILL COURT Address: 10725 WINDHILL COURT City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: CLERMONT, FL 34711 US Title: DIR () Delete Title: () Change () Addition DANIEL, FLORES Name: Name: 6027 WALBRIDGE ST. Address: Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: RICHARDSON, ROGER Name: Address: P.O. BOX 580707 Address: City-St-Zip: ORLANDO, FL 32858 US City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, MARCIA Name: Name: P.O. BOX 580707 Address: Address: City-St-Zip: ORLANDO, FL 32858 US City-St-Zip:

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: MARIA MERCADO VP 03/08/2004