2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007529

Entity Name: RIVERS OF GLORY CHURCH, INC.

FILED Mar 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7815 ONTARIO STREET CIRCLE 4223 ALTON WAY

SARASOTA, FL 34243 SARASOTA, FL 34232 US

Current Mailing Address: New Mailing Address:

7815 ONTARIO STREET CIRCLE 4223 ALTON WAY

SARASOTA, FL 34243 SARASOTA, FL 34232 US

FEI Number: 01-0796248 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:

HORTON, JEFFREY R DAVID, WILSON R PASTOR 7815 ONTARIO STREET CIRCLE 4223 ALTON WAY

SARASOTA, FL 34243 SARASOTA, FL 34232 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: DAVID R. WILSON 03/25/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILSON, ANDREW WILSON, DAVID Name: Name:

4223 ALTON WAY Address: 4223 ALTON WAY Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: () Delete Title: (X) Change () Addition

HORTON, JEFFREY R Name: WILSON, LINDSEY N Name: Address: 7815 ONTARIO STREET CIRCLE Address: 4223 ALTON WAY City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34232

Title: SEC () Delete Title: SEC (X) Change () Addition

WILSON, DIANA WILSON, ANDREW P Name: Name: Address: 4223 ALTON WAY Address: 4223 ALTON WAY City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: HORTON, BONNIE J Name: WILSON, DIANA M 7815 ONTARIO STREET CIRCLE Address: Address: 4223 ALTON WAY City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34232

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: DAVID R. WILSON Ρ 03/25/2005