

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011013

FILED
Jul 26, 2008
Secretary of State

Entity Name: THE LIVING RIVER OF LIFE CHURCH, INC.

Current Principal Place of Business:

1307 SKOWHEAGAN AVE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1307 SKOWHEAGAN AVE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 86-1080861 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARD, LEONARD
1307 SKOWHEAGAN AVE
LAKELAND, FL 33805 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:

Title: DP () Delete
Name: WARD, LEONARD
Address: 1307 SKOWHEAGAN AVE
City-St-Zip: LAKELAND, FL 33805

Title: DV () Delete
Name: WARD, MARY
Address: 1307 SKOWHEAGAN AVE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: CRISWELL, JO LYNN
Address: 2320 PEACHTREE ST
City-St-Zip: LAKELAND, FL 33801

Title: ST () Delete
Name: STANDRIDGE, PAM
Address: 4403 DOVE MEADOW LANE
City-St-Zip: LAKELAND, FL 33810

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:

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: PAMELA A. STANDRIDGE

TREA

07/26/2008

Electronic Signature of Signing Officer or Director

Date