

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90027 035 \*\*\*\*74.00

**DOCUMENT # N04000010863**

1. Entity Name  
**THE RIVER OF RESTORATION MINISTRIES, INC.**



Principal Place of Business  
**5127 EAST PARADE STREET  
TAMPA, FL 33617**

Mailing Address  
**5127 EAST PARADE STREET  
TAMPA, FL 33617**



04052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2241867</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**THOMPSON, JAMES  
1104 WEST DE LEON, APT. 1-A  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SANTIAGO, LUIS 5127 EAST PARADE STREET TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SANTIAGO, DONNA 5127 EAST PARADE STREET TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, JAMES 1104 WEST DE LEON, APT. 1-A TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, DERRINE 5127 EAST PARADE STREET TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Luis Santiago* **Luis SANTIAGO** 4-30-06 813-731-1431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #