

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2241867

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
C
NAME
SANTIAGO, LUIS
STREET ADDRESS
5127 EAST PARADE STREET
CITY-ST-ZIP
TAMPA, FL 33617

TITLE
C
NAME
SANTIAGO, DONNA
STREET ADDRESS
5127 EAST PARADE STREET
CITY-ST-ZIP
TAMPA, FL 33617

TITLE
S
NAME
THOMPSON, JAMES
STREET ADDRESS
1104 WEST DE LEON, APT. 1-A
CITY-ST-ZIP
TAMPA, FL 33606

TITLE
D
NAME
CARTER, DERRINE
STREET ADDRESS
5127 EAST PARADE STREET
CITY-ST-ZIP
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80049-009 70.00

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 Santi'Ag**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-07 813-988-7270