

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009235

FILED
Sep 05, 2007
Secretary of State

Entity Name: RIVER OF LIFE CHURCH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

281 N. DIVISION ST.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

281 N. DIVISION ST.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-3478977 **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:

QUINONES, KEVIN E
281 N. DIVISION ST.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: P () Delete
Name: QUINONES, KEVIN E
Address: 1994 HAMMOCK MOSS DR.
City-St-Zip: ORLANDO, FL 32820

Title: V () Delete
Name: QUINONES, DANIELLE M
Address: 1994 HAMMOCK MOSS DR.
City-St-Zip: ORLANDO, FL 32820

Title: T () Delete
Name: AULT, JAY
Address: 1767 OAK GROVE CHASE DR.
City-St-Zip: ORLANDO, FL 32820

Title: S () Delete
Name: QUINONES, JOSEPH D
Address: 5834 DELTA ST.
City-St-Zip: ORLANDO, FL 32807

Title: B () Delete
Name: ORIE, THOMAS A SR.
Address: 14254 LAKE PRICE DR.
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HEASTON, WILLIAM
Address: P.O. BOX 678555
City-St-Zip: ORLANDO, FL 32867

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: KEVIN E. QUINONES

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date