

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009235

FILED  
Apr 29, 2012  
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 ( )**

**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  
Name: QUINONES, KEVIN E  
Address: 1994 HAMMOCK MOSS DR.  
City-St-Zip: ORLANDO, FL 32820

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

Title: T  
Name: MATOS, HERMAN  
Address: 281 N. DIVISION ST.  
City-St-Zip: OVIEDO, FL 32765

Title: S  
Name: QUINONES, JOSEPH D  
Address: 281 N. DIVISION ST.  
City-St-Zip: OVIEDO, FL 32765

Title: PA  
Name: VALLEY, VALENTINO  
Address: 281 N. DIVISION ST.  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: KEVIN E QUINONES

P

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date