

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009857

FILED  
Mar 12, 2008  
Secretary of State

**Entity Name:** MELBOURNE RIVER OF LIFE FELLOWSHIP, INC.

**Current Principal Place of Business:**

1932 TREVINO CIRCLE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1932 TREVINO CIRCLE  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 20-3474671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KINGSLEY, JOANNE E  
1932 TREVINO CIRCLE  
MELBOURNE, FL 32935 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: KINGSLEY, WILLIAM A  
Address: 1932 TREVINO CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: SHERMAN, JEFFREY  
Address: 21 SEMINARY STREET  
City-St-Zip: FORT EDWARD, NY 12828

Title: VP ( ) Delete  
Name: KINGSLEY, JOANNE E  
Address: 1932 TREVINO CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: SHERMAN, SHERYL  
Address: 21 SEMINARY STREET  
City-St-Zip: FORT EDWARD, NY 12828

Title: D ( ) Delete  
Name: KENNEDY, SALLY  
Address: 7 CLARK STREET  
City-St-Zip: SOUTH GLENS FALLS, NY 12803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SHERMAN, JEFFREY  
Address: 2231 HAMPTON GREENS  
City-St-Zip: MELBOURNE, FL 32935

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

Title: D (X) Change ( ) Addition  
Name: SHERMAN, SHERYL  
Address: 2231 HAMPTON GREENS  
City-St-Zip: MELBOURNE, FL 32935

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: WILLIAM A. KINGSLEY

PRES

03/12/2008

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

\_\_\_\_\_  
Date