2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 17, 2008 8:00 am
Secretary of State
03-13-2008 90024 019 ****61.25

DOCUMENT # N07000011414

1. Entity Name
RIVER OF LIFE FAMILY CENTER, INC.

Principal Place of Business	Mailing Address
2321 SOFIA LANE PUNTA GORDA, FL 33983	2321 SOFIA LANE PUNTA GORDA, FL 33983

6600696 7

02052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-1761075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMINK, BRYCE W 2321 SOFIA LANE PUNTA GORDA, FL 33983	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMINK, BRYCE REV.DR. 2321 SOFIA LANE PUNTA GORDA, FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SMINK, PATTIE REV. 2321 SOFIA LANE PUNTA GORDA, FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARPER, JANENE 2402 SANTEE RD PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PORTER, BERNADEAN 3344 EMERALD LN NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOSCIALE, VINNY 2321 SOFIA LANE PUNTA GORDA, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHAEL HARPER 2402 SANTEE RD PORT CHARLOTTE, FL 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOSCIALE, JAN 2321 SOFIA LANE PUNTA GORDA, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Bryce W. Smink BRYCE W. SMINK, PRES 3/1/08 (941) 627-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #