

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011414

FILED
Apr 10, 2009
Secretary of State

Entity Name: RIVER OF LIFE FAMILY CENTER, INC.

Current Principal Place of Business:

2321 SOFIA LANE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

2321 SOFIA LANE
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 42-1761075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMINK, BRYCE W
2321 SOFIA LANE
PUNTA GORDA, FL 33983 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: DP () Delete
Name: SMINK, BRYCE REV.DR.
Address: 2321 SOFIA LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: DVP () Delete
Name: SMINK, PATTIE REV.
Address: 2321 SOFIA LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: HARPER, JANENE
Address: 2402 SANTEE RD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: PORTER, BERNADEAN
Address: 3344 EMERALD LN
City-St-Zip: NORTH PORT, FL 34286

Title: P () Delete
Name: HARPER, MICHAEL
Address: 2402 SANTEE RD
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRYCE W SMINK

DP

04/10/2009

Electronic Signature of Signing Officer or Director

Date