

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000004417

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** RIVER OF LIFE MINISTRIES OF THE TREASURE COAST, INC

**Current Principal Place of Business:**

1580 NW FEDERAL HWY  
STUART, FL 34994 US

**New Principal Place of Business:**

10692 S US HWY 1  
SUITE C  
PORT ST LUCIE, FL 34952 US

**Current Mailing Address:**

1580 NW FEDERAL HWY  
STUART, FL 34994 US

**New Mailing Address:**

2491 SE GILLETTE AVE  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 32-0247163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ENGLAND, MARK S  
2491 SE GILLETTE AVE  
PORT ST. LUCIE, FL 34952 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:** MARK S ENGLAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ENGLAND, MARK S  
**Address:** 2491 SE GILLETTE AVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

**Title:** DST  
**Name:** KAYLOR, MICHAEL  
**Address:** 8602 NW 27TH CT  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**Title:** DVP  
**Name:** ENGLAND, JOY B  
**Address:** 2491 SE GILLETTE AVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

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:** MARK ENGLAND

DP

10/04/2010

Electronic Signature of Signing Officer or Director

Date