

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18895

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** THE RIVER OF FIRE MINISTRIES, INC.

**Current Principal Place of Business:**

208 E PINE ST  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 157  
DAVENPORT, FL 33836 US

**New Mailing Address:**

**FEI Number:** 59-2242370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAPIAS, SAUL E  
212 E PINE ST  
DAVENPORT, FL 33837 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: PD  
Name: TAPIAS, SAUL E  
Address: 212 E PINE ST  
City-St-Zip: DAVENPORT, FL 33837

Title: D  
Name: SHERRY, EMBRY  
Address: 2554 AVE J. W  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D  
Name: NOWELL, PAUL  
Address: 4632 BROKEN WHEEL BARROW LANE  
City-St-Zip: HAINES CITY, FL 33844

Title: D  
Name: GILLEY, PAMELA S  
Address: 212 E PINE ST  
City-St-Zip: DAVENPORT, FL 33837

Title: D  
Name: NOWELL, CAROL  
Address: 4632 BROKEN WHEEL BARROW LANE  
City-St-Zip: HAINES CITY, FL 33844

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: SAUL E TAPIAS

O/D

01/05/2012

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

\_\_\_\_\_  
Date