


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N32802 1. Entity Name RIVER OF LIFE TABERNACLE, INC.					
Principal Place of Business 101 SESAME ST PALATKA FL 32177			Mailing Address 107 SESAME ST LOT 2 PALATKA FL 32177		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2973926	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REGISTER, JAMES H 107 SESAME ST., LOT 2 PALATKA FL 32177				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <i>NO changes</i>					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u><i>James H. Register</i></u> <small>Signature typed or printed name of registered agent and title if applicable</small> </div> <div> <u><i>James H. Register</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u><i>1-19-06</i></u> <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> 000000395775 <input type="checkbox"/> Change <input type="checkbox"/> Add </div>	
NAME	REGISTER, JAMES H REV		NAME	01/27/06-80006-009 61.25	
STREET ADDRESS	107 SESAME ST LOT 2		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	REGISTER, HAZEL E		NAME		
STREET ADDRESS	107 SESAME ST LOT 2		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	STEVENS, LINDA		NAME		
STREET ADDRESS	119 DUNN AVE		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL 32187		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	STEVENS, TIMOTHY REV		NAME		
STREET ADDRESS	119 DUNN AVE		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL 32187		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KEMPFERT, CURT REV		NAME		
STREET ADDRESS	733 ELSIE STREET		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>James H. Register</u> <div style="float: right;"> <u><i>James H. Register</i></u> <u><i>1-19-06</i></u> <u><i>386-325-3754</i></u> </div>					