

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90039 016 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2973926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REGISTER, JAMES H
107 SESAME ST., LOT 2
PALATKA FL 32177

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revesting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REGISTER, JAMES H REV	
STREET ADDRESS	107 SESAME ST LOT 2	
CITY- ST- ZIP	PALATKA FL 32177	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REGISTER, HAZEL E	
STREET ADDRESS	107 SESAME ST LOT 2	
CITY- ST- ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, LINDA	
STREET ADDRESS	119 DUNN AVE	
CITY- ST- ZIP	SAN MATEO FL 32187	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, TIMOTHY REV	
STREET ADDRESS	119 DUNN AVE	
CITY- ST- ZIP	SAN MATEO FL 32187	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMPFFERT, CURT REV	
STREET ADDRESS	733 ELSIE STREET	
CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Stevens
STREET ADDRESS	114 Easterly
CITY- ST- ZIP	Satsuma, FL 32189
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

James H Register

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07

386-325-3754

Date

Daytime Phone #