

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32802

FILED
Jan 05, 2009
Secretary of State

Entity Name: RIVER OF LIFE TABERNACLE, INC.

Current Principal Place of Business:

101 SESAME ST
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

107 SESAME ST
LOT 2
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-2973926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTER, JAMES H
107 SESAME ST., LOT 2
PALATKA, FL 32177 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 () Delete
Name: REGISTER, JAMES H REV
Address: 107 SESAME ST LOT 2
City-St-Zip: PALATKA, FL 32177

Title: DV () Delete
Name: REGISTER, HAZEL E
Address: 107 SESAME ST LOT 2
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: STEVENS, LINDA
Address: 114 EASTERLY
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: STEVENS, TIMOTHY REV
Address: 119 DUNN AVE
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: KEMPFFERT, CURT REV
Address: 733 ELSIE STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: JAMES H. REGISTER

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date