

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90246 045 ****61.25

0084556

DOCUMENT # N36041

1. Entity Name

RIVER OF LIFE CHURCH, INC.

Principal Place of Business

**10 FAITH AVENUE
SOPCHOPPY FL 32358**

Mailing Address

**P O BOX 429
SOPCHOPPY FL 32358-0429
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2368564

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEINLE, CRAIG
160 MUNICIPAL AVENUE
SOPCHOPPY FL 32358**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STEINLE, CRAIG	
STREET ADDRESS	160 MUNICIPAL AVENUE	
CITY-ST-ZIP	SOPCHOPPY FL 32358	

TITLE	D	<input type="checkbox"/> Delete
NAME	LITCHFIELD, DALE	
STREET ADDRESS	103 PURIFY BAY ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNE, JOHN	
STREET ADDRESS	100 MACKERY WOODS ROAD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Litchfield, Dale	
STREET ADDRESS	108 Bostic Pelt Road	
CITY-ST-ZIP	Crawfordville, FL 32327	

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		

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)