

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90073 026 ****61.25

0062150

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **STEINLE, CRAIG**
STREET ADDRESS **160 MUNICIPAL AVENUE**
CITY-ST-ZIP **SOPCHOPPY FL 32358**

TITLE ☒ Change ☐ Addition
NAME **Steinle, Craig**
STREET ADDRESS **8264 Smith Creek Road**
CITY-ST-ZIP **Sopchoppy, FL 32358**

TITLE ☐ Delete
NAME **LITCHFIELD, DALE**
STREET ADDRESS **108 BOSTIC PELT ROAD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BROWNE, JOHN**
STREET ADDRESS **100 MACKERY WOODS ROAD**
CITY-ST-ZIP **SOPCHOPPY FL 32358**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

962-3914

Daytime Phone #

CR2E037 (9/01)