

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

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



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEINLE, CRAIG
STREET ADDRESS	8264 SMITH CREEK RD.
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	D
NAME	LITCHFIELD, DALE
STREET ADDRESS	108 BOSTIC PELT ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	BROWNE, JOHN
STREET ADDRESS	100 MACKERY WOODS ROAD
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000698493
04/19/07-80004-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/8/07

Date

Daytime Phone #