

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 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



02122008 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

**DO NOT WRITE  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000871725  
04/10/08-80011-001 61.25

10. OFFICERS AND DIRECTORS

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

**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

Date

Daytime Phone #