2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N36041

Entity Name: RIVER OF LIFE CHURCH, INC.

Current Principal Place of Business:

10 FAITH AVENUE
SOPCHOPPY, FL 32358

New Principal Place of Business:

445 DONALDSON-WILLIAMS ROAD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

P O BOX 429
SOPCHOPPY, FL 323580429 US

New Mailing Address:

P O BOX 1205
CRAWFORDVILLE, FL 323271205 US

FEI Number: 59-2368564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, DERRICKE
7 REBECCA LANE
CRAWFORDVILLE, FL 32358 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: D ( ) Delete
Name: LITCHFIELD, DALE
Address: 108 BOSTIC PELT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: BROWNE, JOHN
Address: 100 MACKERY WOODS ROAD
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DALE LITCHFIELD D 02/05/2009

Electronic Signature of Signing Officer or Director — Date