

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38440

FILED
May 05, 2006
Secretary of State

Entity Name: RIVER OF LIFE, INC.

Current Principal Place of Business:

2755-D COUNTY RD 220
MIDDLEBERG, FL 32068

New Principal Place of Business:

Current Mailing Address:

2755-D COUNTY RD 220
MIDDLEBERG, FL 32068

New Mailing Address:

FEI Number: 59-3031947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RYAN, SHEILAH J.
2755 D. COUNTY ROAD #220
MIDDLEBURG, FL 32068 US

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: P () Delete
Name: RYAN, GLENN W., JR.,
Address: 2755-D COUNTY RD 220
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: RYAN, GLENN W SR
Address: 2755 D. COUNTY RD. 220
City-St-Zip: DOCTORS INLET, FL 32030

Title: ST () Delete
Name: RYAN, SHEILAH J
Address: 2755-D COUNTY RD 220
City-St-Zip: MIDDLEBERG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RYAN, GLENN W JR
Address: 2755-D COUNTY RD 220
City-St-Zip: MIDDLEBURG, FL 32068

Title: V (X) Change () Addition
Name: RYAN, GLENN W SR
Address: 2755 A. COUNTY RD. 220
City-St-Zip: DOCTORS INLET, FL 32030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. GLENN W. RYAN JR.

P

05/05/2006

Electronic Signature of Signing Officer or Director

Date