

N38440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900280351049

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12/30/15--01032--017 **35.00

FILED
16 JAN -5 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NC

JAN 13 2016

D. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2016

SEAN SIMONIC / SIMONIC, SIMONIC, RATNECHT & ASSOC INC
8750 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216 US

SUBJECT: RIVER OF LIFE, INC.
Ref. Number: N38440

We have received your document for RIVER OF LIFE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 716A00000423

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RIVER OF LIFE INC.

DOCUMENT NUMBER: N38440

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Simonic

(Name of Contact Person)

Simonic, Simonic, Ratnecht & Associates, Inc.

(Firm/ Company)

8750 Perimeter Park Blvd.

(Address)

Jacksonville, FL 32216

(City/ State and Zip Code)

simonic@simonic.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas T. Simonic

904

928-1040

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

RIVER OF LIFE, INC.

FILED

16 JAN -5 AM 8:54

SECRETARY OF STATE
TREASURY DEPT. OF STATE
FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

N38440

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

RIVER OF LIFE MINISTRIES SOUTHEAST, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2755-D County Road 220

Middleburg, FL 32068

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2755-D County Road 220

Middleburg, FL 32068

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address: (Florida street address)

N/A

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Glenn W. Ryan Jr.</u>	<u>2755-D County Road 220</u>
<input type="checkbox"/> Add			<u>Middleburg, FL 32068</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>V</u>	<u>Glenn W. Ryan Sr.</u>	<u>2755 A. County Road 220</u>
<input type="checkbox"/> Add			<u>Doctors Inlet, FL 32030</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>Sheilah J Ryan</u>	<u>2755-D County Road 220</u>
<input checked="" type="checkbox"/> Add			<u>Middleburg, FL 32068</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Kelley L. Ryan</u>	<u>2201 Lakeshore Drive N.</u>
<input checked="" type="checkbox"/> Add			<u>Fleming Island, FL 32003</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

December 16, 2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/16/15 _____

Signature Sheilah J. Ryan
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sheilah J Ryan

(Typed or printed name of person signing)

President and Secretary Treasurer

(Title of person signing)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38440

1. Corporation Name

River of Life Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2755-D County Rd

2755-D County Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220

220

City & State

City & State

Middleburg, FL

Middleburg, FL

Zip

Country

Zip

Country

32068

Clay

32068

Clay

600280614596
01/05/16--01012--026 **542.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
06/05/1990

5. FET Number

Applied For

59-3031947

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheilah J. Ryan

Street Address (P.O. Box Number is Not Acceptable)

2755-D County Road

Suite, Apt. #, Etc.

220

City

Middleburg

State

FL

Zip Code

32068

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sheilah J. Ryan
REGISTERED AGENT MUST SIGN

Date 12/16/2015

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-ST	Sheilah J. Ryan	2755-D County Rd 220	Middleburg, FL 32068
VP	Kelley L. Ryan	2201 Lakeshore Dr. N .	Fleming Island, FL 32003

10. E-mail Address: simonic@simonic.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sheilah J. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/15

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2016

RIVER OF LIFE INC
2755-D COUNTY RD
220
MIDDLEBURG, FL 32068

SUBJECT: RIVER OF LIFE, INC.
Ref. Number: N38440

We have received your document for RIVER OF LIFE, INC. and your check(s) totaling \$542.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

RUSSELL L HUNT
Regulatory Specialist II

Letter Number: 016A00000338