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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002249

1. Corporation Name

RIVER OF LIFE INTERNATIONAL OUTREACH CENTER, INC

Principal Place of Business	Mailing Address
9315 N FLORIDA AVE TAMPA FL 33612 US	PO BOX 17671 TAMPA FL 33682-7671

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/13/1993

4. FEI Number: 59-3177532 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GHIOTTO, JEFFREY R
14610 PINE GLEN CIRCLE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: GHIOTTO, JEFFREY R.
82 Street Address (P.O. Box Number is Not Acceptable): 17602 WHISTLING LANE
83
84 City: LUTZ FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JEFFREY R. GHIOTTO — 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GHIOTTO, JEFFREY R. 14610 PINE GLEN CIRCLE LUTZ FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/R GHIOTTO, JEFFREY R. 17602 WHISTLING LANE LUTZ FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALLIN, RICKY 4803 OKARA TAMPA FL 33617	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P DONALD L ATKIN 207 POTTER ROAD S. MONROE, NC 28110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYER, GREGORY F 2522 LAKE ELLEN LANE TAMPA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/V WALTER DAVID HAWKES 2120 McROBIE ROAD MONROE, NC 28112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/S DWIGHT MERRITT 7601 FARMBROOK DRIVE WAXHAW, NC 28173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/T BARBARA ATKIN 207 POTTER ROAD S MONROE, NC 28110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D/R GARY PALADIN 18 KENDALL AVE. PITTSBURGH, PA 15202	☐ Change ☑ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY R. GHIOTTO — 4/21/99 — 813-404-7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #