## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 13, 2002 8:00 am Secretary of State DOCUMENT # **N93000002249** 06-13-2002 90384 039 \*\*\*\*61.25 RIVER OF LIFE INTERNATIONAL OUTREACH CENTER, INC. Mailing Address Principal Place of Business 14999 GULF BLVD 14955 14995 GULF BLVD MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 4455 Gul f Suite, Apt. #, etc. 1955 Gul DO NOT WRITE IN THIS SPACE Blvd. 4955 Blvd. City & State City & State 4. FEI Number Applied For 59-3177532 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORSINK, JACK D 14955 -14995 GULF BLVD MADEIRA BEACH FL 33708 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition · Change ☐ Delete TITLE TITLE GHIOTTO, JEFFREY R. NAME NAME 17602 WHISTLING LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 DΡ ☐ Addition Change ☐ Delete TITLE TITLE MORSINK, JACK D NAME NAME 14995 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 Delete ☐ Change D٧ ☐ Addition TITLE TITLE gattuso, John P NAME NAME 2348 KINGS POINT DR N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP largo fl ☐ Change ☐ Addition TITLE ☐ Delete TITLE GHIOTTO, JEFFREY R NAME NAME STREET ADDRESS 17602 WHISTLING LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Delete TITI F ☐ Change ☐ Addition TITLE SHUMLICK, DARLENE NAME NAME STREET ADDRESS STREET ADDRESS 14955 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708

12. 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

6/10/02

727-394-7231

☐ Change

☐ Addition

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