2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State
08-29-2005 90153 001 *2,375.00

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1. Entity Name
RIVER OF LIFE INTERNATIONAL OUTREACH CENTER, INC.

Principal Place of Business	Mailing Address
14955 GULF BOULEVARD SUITE 5 MADEIRA BEACH, FL 33708 US	14955 GULF BOULEVARD SUITE 5 MADEIRA BEACH, FL 33708 US

08242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
14955 Gulf Boulevard	14955 Gulf Boulevard
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Madeira Beach, FL	City & State: Madeira Beach, FL
Zip: 33708 Country: US	Zip: 33708 Country: US

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORSINK, JACK D
14955 GULF BOULEVARD
SUITE 5
MADEIRA BEACH, FL 33708

7. Name and Address of New Registered Agent

Name: Gunning, Randal P.
Street Address (P.O. Box Number is Not Acceptable): 14955 Gulf Boulevard
Suite 2
City: Madeira Beach FL Zip Code: 33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____, REgistered Agent 8/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PA GHIOTTO, JEFFREY R PASTOR 17602 WHISTLING LANE LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ghiotto, Jeffrey R., Pastor 17602 Whistling Lane Lutz, FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD GUNNING, RANDAL P 14955 GULF BOULEVARD, SUITE 5 MADEIRA BEACH, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Gunning, Randal P. 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUNNING, DARLENE 14955 GULF BOULEVARD, SUITE 5 MADEIRA BEACH, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Gunning, Darlene 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Stevens, Jim 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 a member 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 11 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

8/23/05

SIGNATURE: _____, Vice President 727-391-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime #