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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002431 (4)

RIVERS OF LIFE MINISTRIES: CONTINUING WORK OF JE SUS CHRIST, INC.

SUS CHRIST, INC.									
Principal Plac	e of Business	Mailing Address	Mailing Address			- 3 UND (III DY DIO EDITI ETALL DEUE) DUYYT OO	III OOTII OOTIO IIOTI OTOOT IEH		
3903 N.E. 11TH TERRACE QAINESVILLE FL 32809 US		3803 N.E. 11TH TERRACE GAINESVILLE FL 32609-2363 US							
						3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last Re 08/08/1996	port	
2. Principal P 21	lace of Business	2a. Mailing Address				4. FEI Number 59-3293860		lied For Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Regulred		
City & Stat	0	City & State				Election Campaign Financing Trust Fund Contribution	40.00		
Zip	Country Zip		Country			8. This corporation has liability for in	ntangible tax under s.		
24	25 29 9. Name and Address of Current Registered Agent		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
W. Marile and Address of Current registered Agent					me	10. Hame BIN MODISES OF NOW KO	historan Whetir		
WILLIAMS, ERNEST C REV.						ddress (P.O. Box Number is Not Acceptable)			
3803 N.E	. 11TH TERRACE		8:			Juless (r. O. Bux Number is Not Acceptable)			
GAINES	/ILLE FL 32609								
			8	4 City	/		FL 85 Zip C	ode	
11. Pursuant office or rapent. I a	to the provisions of Sections 617 0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was tions of, Section 617.0503, F	ites, the abo authorized t lorida Statut	ve-nan by the es.	ned corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its t the appointment as re	registered egistered	
SIGNATURE	Start and the st	dio di	75. 0			- then released	DATE	····	
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	gen: sign	ature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS	IN 12	
TITLE	DP STREETS AND	DELETE	1.1 TITLE		<u> </u>	ABBITTORIO, OTTIVA TO CONTROL	Change	Addition	
NAME	WHILLIAM PONICAT O		1.2 NAM	E					
STREET ADDRESS	3803 N.E. 11TH TERRACE		1.3 STREET ADDRESS		ss				
CITY-ST-ZIP	GAINESVILLE FL 32609			- ST - ZIP					
TITLE	DV	☐ DELETE 2.1					☐ Change	Addition	
NAME	WILLIAMS, EULA M 1503 S.E. 13TH PLACE	•	1	2 NAME 1 3 STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	OANDONALE EL AGOGO		2.4 CITY		33			:	
TITLE			3.1 TITLE				Change	☐ Addition	
NAME	WILLIAMS, JANET		3.2 NAM6	Ē					
STREET ADDRESS	3803 N.E. 11TH TERRACE	•	3.3 STRE	ET ADDRE	SS				
CITY-ST-ZIP	GAINESVILLE FL 32609		3.4. CITY					1 1 1 2 2 2 2	
TITLE	DT Head, Mary	☐ DELETE	4.1 TITLE				L Change	Addition	
NAME STREET ADDRESS	1312 NE 28TH AVE.		4.2 NAM 4.3 STRE		.00				
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY		.55			i	
TITLE		☐ DELETE	5.1 TITLE				Z Change	Addition	
NAME			5.2 NAME	Ē			///	1/0	
STREET ADDRESS			5.3 STRE	ET ADDRE	ss		<1/10/11	1193	
CITY-ST-ZIP		There exists	5.4 CITY		_		1/10/16		
TITLE		DELETE	6.1 TITLE			20000220	Change	Addition	
NAME ATREET ARRESON			6.2 NAME		PC	30000220 -06/11/970111	6012		
STREET ADDRESS			6.3 STRE	e i adunt	.55	***70.00			

14. I do 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 affinual 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 of 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 attachning with an address.