FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 12: 15

DOCUMENT # N94000002614 (5)

1. Corporation Name
RIVER OF LIFE, FAMILY WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
1030 NORTH TABOADA POINT CRYSTAL RIVER FL 34429	1030 NORTH TABOADA POINT CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1994
3a. Date of Last Report:
4. FEI Number: 59-3258161 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1969 S. Melanie Dr.	26 1969 S. Melanie Dr
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Homosassa, Fl	City & State 28 Homosassa, Fl
Zip 24 34448 / Country 25 Citrus	Zip 29 34448 / Country 30 Citrus

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

ANDRIJISZYN, MICHAEL
1030 NORTH TABOADA POINT
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name Michael Andrijiszyn
82 Street Address (P.O. Box Number is Not Acceptable) 1969 S. Melanie Drive
83
84 City Homosassa FL 85 Zip Code 34448

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Michael Andrijiszyn [signature] 4/1/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ANDRIJISZYN, MICHAEL
STREET ADDRESS	1030 NORTH TABOADA POINT
CITY ST ZIP	CRYSTAL RIVER FL 34429
TITLE	D
NAME	ANDRIJISZYN, EHTEL J
STREET ADDRESS	1030 NORTH TABOADA POINT
CITY ST ZIP	CRYSTAL RIVER FL 34429
TITLE	D
NAME	BRANNON, LINDA D
STREET ADDRESS	403 S. SEMINOLE AVE.
CITY ST ZIP	INVERNESS FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P/D	X Change ☐ Addition
12 NAME	Andrijiszyn, Michael	
13 STREET ADDRESS	1969 S. Melanie Drive	
14 CITY ST ZIP	Homosassa, Fl 34448-1532	
21 TITLE	V/P	X Change ☐ Addition
22 NAME	Andrijiszyn, Ethel J	
23 STREET ADDRESS	1969 S. Melanie Drive	
24 CITY ST ZIP	Homosassa, Fl 34448-1532	
31 TITLE	S/T/D	X Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Michael Andrijiszyn P/D 4/1/95 904 563 1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #