

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N94000002614 (5)**

1. Corporation Name

**RIVER OF LIFE, FAMILY WORSHIP CENTER, INC.**

Principal Place of Business

**1969 S. MELANIE DR.  
HOMOSASSA FL 34448  
US**

Mailing Address

**1969 S. MELANIE DR.  
HOMOSASSA FL 34448-1532  
US**3. Date Incorporated or Qualified  
**05/24/1994**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.**22** City & State**24** Zip**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.**27** City & State**28** Zip**30** Country

4. FEI Number

**59-3258161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**ANDRIJISZYN, MICHAEL  
1969 S. MELANIE DR.  
HOMOSASSA FL 34448**

## 10. Name and Address of New Registered Agent

**81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **ANDRIJISZYN, MICHAEL**  
STREET ADDRESS **1969 S. MELANIE DR.**  
CITY-ST-ZIP **HOMOSASSA FL**TITLE **VP** ☐ DELETE  
NAME **ANDRIJISZYN, ETHEL J**  
STREET ADDRESS **1969 S. MELANIE DR.**  
CITY-ST-ZIP **HOMOSASSA FL**TITLE **STD** ☒ DELETE  
NAME **BRANNON, LINDA D**  
STREET ADDRESS **403 S. SEMINOLE AVE.**  
CITY-ST-ZIP **INVERNESS FL**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE **VP/STD** ☒ Change ☐ Addition  
2.2 NAME **ANDRIJISZYN, ETHEL J**  
2.3 STREET ADDRESS **1969 S. MELANIE DRIVE**  
2.4 CITY-ST-ZIP **HOMOSASSA, FL 34448**3.1 TITLE **VP/D** ☐ Change ☒ Addition  
3.2 NAME **RICHARD C. SMITH**  
3.3 STREET ADDRESS **5214 S. RIVERVIEW CIR.**  
3.4 CITY-ST-ZIP **HOMOSASSA, FL 34448**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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: *Michael Andrijiszyn*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL ANDRIJISZYN**

Date

**4/22/97**Daytime Phone # **0065261****352 563 1552**

CR2E037 (9/96)