




**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90303 001 \*\*\*122.50

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N96000005716</b>		
1. Entity Name RIVER OF LIFE CHRISTIAN CENTER OF ORLANDO, INC.		
Principal Place of Business 44 COBURN AVE ORLANDO, FL 32805		Mailing Address P O BOX 608162 ORLANDO, FL 32860-8162
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JACKSON, MARVIN A 10012 CHARDONNAY DRIVE ORLANDO, FL 32832		<b>66012771</b>  04222008 No Chg-NP CR2E037 (4/06) 4. FEI Number 59-3407772 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JACKSON, MARVIN A 10012 CHARDONNAY DRIVE ORLANDO, FL 32832	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JACKSON, DEBORAH 10012 CHARDONNAY DRIVE ORLANDO, FL 32832	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARUGU, ODIATOR 2388 GRAND CENTER PARKWAY, UNIT 7 ORLANDO, FL 32839	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, ROBERT P O BOX 420358 KISSIMMEE, FL 34742	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLINS, TARRENCE 305 PORCHESTER DR SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, PATRICIA 2587 PORTERVIEW WAY ORLANDO, FL 32789	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/8/2008 Daytime Phone #