FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENTI DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

N96000005723 (9)

RIVER OF LIFE MINISTRIES, INC.

APPROVED AND FILED

1997 NOV -3 PM 4: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						1 (\$10)	!!! 0 0!!! 00!! !	DATE (8010 11800 1411 140)
7515 WEST LAKE OR. 7515 WEST LAKE OR. WEST PALM BEACH FL 33406 WEST PALM BEACH FL			13406-8737					
					3.	Date Incorporated or Qualified 11/08/1996	3a. Date	of Last Report
_	Place of Business	2a. Mailing Address			I	FEI Number		Applied For
21		26			4	65-0732842		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat	te	City & State			6.	Election Campaign Financing		\$5.00 May Be
23 Zip	Country	28	Countr			Trust Fund Contribution		Added to Fees
24	25	29	30	y	8.	This corporation has liability for Florida Statutes	intangible tax] Yes 🔣 r	under s. 199.032,
57]	9. Name and Address of Curre		30]		10.	Name and Address of New Re		
-			81	Nam		77-110-077-710-710-71-710-71-710-71-710-71-71-71-71-71-71-71-71-71-71-71-71-71-	gistorea Agr	
TABER, GERALD L				1	- 1 - 1 - 1 - 1 - 1			· · · · · · · · · · · · · · · · · · ·
7515 WEST LAKE DR.			82	Stree	treet Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33406							· · · · · · · · · · · · · · · · · · ·	
			84	City			1.	IF Zin Code
			ľ	1			FL ¦	35 Zip Code
SIGNATURE	to the provisions of Sections 617.05t egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NO	E: Registered Ag		ure required when	ı reinstatıng)	DATE	
12.		ID DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFIC		
TITLE	D COALD I	☐ DELETE	1.1 TITLE			surer	K	Change
NAME OTOGET ADODESIS	TABER, GERALD L 7515 WEST LAKE DR.		1.2 NAME		Tabe			
STREET ADDRESS	WEST PALM BEACH FL 3340	NR	1.3 STREE		1	- •	-, -, -,	,,,,
CITY-ST-ZIP	D	DELETE	1.4 CITY - 1 2.1 TITLE	ST - ZIP	اس مه	t Palm Beach 1	FL 33	
NAME	ANDERSON, RICHARD L						ш	Change Addition
STREET ADDRESS	1518 WOODSIDE DRIVE	DΚ	2.2 NAME	1 1000000				
CITY-ST-ZIP	FLORENCE KY 41042	Vi	2.3 STREE		8		4	
TITLE	D	DELETE	2. 4 CITY-	SI-ZIP	Presi	t L	192)	Change
NAME	FILMALTER, IZAK H		3.2 NAME			alter Frak H	! !	Change E Adonion
STREET ADDRESS	2630 AUSTINS PLACE		3.3 STREE	I ADDDCO			,	
CITY-ST-ZIP	SUGAR LAND TX 77479		3.4. CITY-		5498		479	
TITLE		DELETE	4.1 TITLE	OF- EIF		Pres / Sacurity Se		Qhange M Addition
NAME		 -	4. 2 NAME		Heler		VIC MAY A	Julian Mail Localiton
STREET ADDRESS			4.3 STREET			· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			4.4 CITY - 5		445U		7479	
TITLE		DELETE	5.1 TITLE	/1 - £1l	10 45ª	<u> </u>		Change Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	ADDRESS				\cap
CITY-ST-ZIP			5.4 CHY+ 9					(NK)
TITLE		DELETE	6.1 TITLE	, - Lif	-		П	Change Wanddition
NAME			6.2 NAME					1/1000000
STREET ADDRESS			6.3 STREET	ADDRESS				2 ``
CITY-ST-ZIP			6.4 City-9			1	La a	11.25

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 capity 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 eath; 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.