


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90019 002 \*\*\*\*61.25

DOCUMENT #  
1. Entity Name *River of Life Cascade Ministries Inc*  
*N9600005723*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*640 CEDAR ST*  
Suite, Apt. #, etc.

3. Mailing Address  
*15499 NW NORWICH*  
Suite, Apt. #, etc.

40093040

CR2E037B (8/05)

City & State *FAIRVIEW, OR* City & State *BEAVERTON, OR* 4. FEI Number *650732842* Applied For  
Not Applicable

Zip *97024* Country *USA* Zip *97006* Country *USA* 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *GERALD TABER*

Street Address (P.O. Box Number is Not Acceptable)  
*2024 24th LANE*

City *LAKE WORTH* FL Zip Code *33463*

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 \_\_\_\_\_

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>IZAK FILMALTER Board Member 640 CEDAR ST FAIRVIEW OR 97024</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>HELENA FILMALTER Board Member 640 CEDAR ST FAIRVIEW OR 97024</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PATRIK BUCKLEY Treasurer 15499 NW NORWICH BEAVERTON OR 97006</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DAVE ZIMEL Board Member 8310 SW BLAKE ST TUFELAIN OR 97062</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *PATRIK BUCKLEY*

5/12/06

503 439 8362