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

DOCUMENT # N9600005723

1. Entity Name RIVER OF LIFE CRUSADE MINISTRIES INC.

FILED
Nov 17, 2006 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

CR2E037B (8/05)

2. Principal Place of Business	3. Mailing Address	
9665 S.W. ALLEN BLVD	15499 NW NORWICH ST	
Suite, Apt. #, etc. Suite 115	Suite, Apt. #, etc.	
City & State BEAVERTON, OR	City & State BEAVERTON OK	4. FEI Number 65-0732842 ☐ Applied For ☐ Not Applicable
Zip 97008 Country USA	Zip 97006 Country USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name GERALD L. 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.

PATRICK BUCKLEY - TREASURER

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

200081787072
11/15/06--01004--011 **61.25

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	BOARD MEMBER -NEW DIRECTOR	TITLE	
NAME	DON PIROZOK	NAME	
STREET ADDRESS	10211 E DRIFTWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	SPOKANE, WA 99206	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	BOARD MEMBER -NEW DIRECTOR	TITLE	
NAME	PASTOR ANWAR FAZEL	NAME	**DO NOT WRITE**
STREET ADDRESS	76/5 MODERN COLONY	STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	LAHORE PAKISTAN	CITY-ST-ZIP	
TITLE	BOARD MEMBER -NEW DIRECTOR	TITLE	
NAME	GORDON ROOT	NAME	
STREET ADDRESS	1400 S.W. SCHAEFFER ROAD	STREET ADDRESS	
CITY-ST-ZIP	WEST LINN, OREGON 97068	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Additional O/D-	TITLE	
NAME	See Attachment	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: PATRICK BUCKLEY - TREASURER   11 November 2006

TITLE	Board Member
NAME	IZAK FILMALTER
STREET ADDRESS	640 CEDAR ST
CITY-ST-ZIP	FAIRVIEN OR 97024
TITLE	Board Member
NAME	HELENA FILMALTER
STREET ADDRESS	640 CEDAR ST
CITY-ST-ZIP	FAIRVIEN OR 97024
TITLE	Treasurer
NAME	PATRICK BUCKLEY
STREET ADDRESS	15499 NN NORMICY
CITY-ST-ZIP	BEAVERTON OR 97006
TITLE	Board Member
NAME	DAVE JIMEL
STREET ADDRESS	8360 SW BLAKE ST
CITY-ST-ZIP	TURLATIN OR 97062
TITLE	