


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

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90036 001 \*\*\*\*61.25  
 07-28-2008 90036 002 \*\*\*\*\*8.75

**66015604**



DOCUMENT # N96000005723					
1. Entity Name RIVER OF LIFE CRUSADE MINISTRIES INC.					
Principal Place of Business 9665 SW ALLEN BLVD., STE. 115 BEAVERTON, OR <del>97008</del> 97005			Mailing Address <del>15499 NW NORWICH ST</del> BEAVERTON, OR <del>97006</del> (same)		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07162008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0732842	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TABER, GERALD L 2024 24TH LANE LAKE WORTH, FL 33463			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u>N/A</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILMALTER, IZAK H		NAME	9415 SW Greenhill Lane	
STREET ADDRESS	640 CEDAR STREET	→	STREET ADDRESS	Tualatin, OR. 97062	
CITY-ST-ZIP	FAIRVIEW, OR 97024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZIMEL, DAVID		NAME		
STREET ADDRESS	8360 SW BLAKE ST		STREET ADDRESS		
CITY-ST-ZIP	TUALATIN, OR 97062		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUCKLEY, PATRICK		NAME	T. MAKSIMOWICZ, Michael	
STREET ADDRESS	15499 NW NORWICH ST		STREET ADDRESS	13984 SW Bluestem Lane	
CITY-ST-ZIP	BEAVERTON, OR 97006		CITY-ST-ZIP	Tigard, OR. 97223	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILMALTER, HELENA		NAME	9415 SW Greenhill Lane	
STREET ADDRESS	640 CEDAR STREET	→	STREET ADDRESS	Tualatin, OR. 97062	
CITY-ST-ZIP	FAIRVIEW, OR 97024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIROZOK, DON		NAME		
STREET ADDRESS	10200 E DRIFTWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	SPOKANE, WA 99206		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAZEL, ANWAR PASTOR		NAME		
STREET ADDRESS	7615 MODERN COLONY		STREET ADDRESS		
CITY-ST-ZIP	LAHORE PAKISTAN,		CITY-ST-ZIP		
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: <u>[Signature]</u>			7-22-08 503-830-9071		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		