


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000686</b>		
1. Entity Name <b>THE RIVER OF LIFE FULL GOSPEL FELLOWSHIP, INC.</b>		
Principal Place of Business <b>2848 ST JOHNS BLUFF RD. S JACKSONVILLE, FL 32246</b>	Mailing Address <b>12497 TURNBERRY CT. JACKSONVILLE, FL 32225</b>	



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3431575</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GABERTAN, YOLANDA Y 12497 TURNBERRY CT. JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

DATE  
**000000703027**  
**01/23/08-80003-012 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABERTAN, YOLANDA Y 12497 TURNBERRY CT. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABERTAN, BONIFACIO T 12497 TURNBERRY CT. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAVIER, MYRNA G 11145 RALEY CREEK DR S JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLEY, EDWIN P O BOX 38 ELK PARK, NC 286220038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILANO, APOLINAR C 2754 WHITE OAK LN. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Myrna A. Javier, Sec/Treas** **1/15/08** **904-910-7149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #