

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000686

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE RIVER OF LIFE FULL GOSPEL FELLOWSHIP, INC.

Current Principal Place of Business:

2848 ST JOHNS BLUFF
RD. S
JACKSONVILLE, FL 32246

New Principal Place of Business:

2848 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246

Current Mailing Address:

12497 TURNBERRY CT.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3431575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GABERTAN, YOLANDA Y
12497 TURNBERRY CT.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GABERTAN, YOLANDA Y
Address: 12497 TURNBERRY CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: GABERTAN, BONIFACIO T
Address: 12497 TURNBERRY CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: JAVIER, MYRNA G
Address: 11145 RALEY CREEK DR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CORLEY, EDWIN
Address: P O BOX 38
City-St-Zip: ELK PARK, NC 286220038

Title: D () Delete
Name: ILANO, APOLINAR C
Address: 2754 WHITE OAK LN.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA G. JAVIER

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date