

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 015 ****61.25

DOCUMENT # N97000003950

1. Entity Name
RIVERS OF LIFE CHRISTIAN CENTER, INC.



Principal Place of Business
**1125 MARSHALL ST
CLEARWATER, FL 34615**

Mailing Address
**1125 MARSHALL ST
CLEARWATER, FL 34615**

3400001000



04282004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0565353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT L JR.
3204 BRIGADOON DR
CLEARWATER, FL 33759**

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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

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 May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, ROBERT L JR.
1125 MARSHALL ST
CLEARWATER, FL 34615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
JOHNSON, SHARON F
1125 MARSHALL ST
CLEARWATER, FL 34615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
KILPATRICK, FREDDIE M
1125 MARSHALL ST
CLEARWATER, FL 34615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(727) 442-9484

Daytime Phone #