2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # N9700003950 1. Entity Name RIVERS OF LIFE CHRISTIAN CENTER, INC.								Secr	etary	01 5	iaie
Principal Place of Business ⁻ 1125 MARSHALL ST CLEARWATER, FL 34615			112	Mailing Address 1125 MARSHALL ST CLEARWATER, FL 34615							7711B7 B1 1991
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc			Su	Suite, Apt. #, etc.				Chg-NP	CR2E037	7 (10/03)	
City & State			Cit	City & State			4. FEI Number 65-0565				oplied For ot Applicable
Zip		Country	Ziş	Zip		untry			8.75 Add ee Require		
	6. Name	and Address of Curre	nt Registere	ed Agent			7. Name and A	Address of New P	tegistered A	ent	
JOHNSON, ROBERT L JR. 3204 BRIGADOON DR						Name Street Addr	ress (P.O. Box Number	r is Not Acceptable	· ·		
CLEARWA			-	-					- ,		
						City			FL	Zip Cod	e
	named entit	y submits this statement tered agent	for the purp	ose of changing its	register	ed office or reg	gistered agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE				•							!
SIGNATURE		or printed name of registered ago	ent and little if app	cable (NOTE	. Registere	id Agent signature re	equired when (einstation)		DATE		
							odored week bridgery				
	_	e is \$61.25 Nay 1, 2005		9. Election Cam Trust Fund C	npaign f	Financing Ron.	\$5.00 May Be Added to Fees	Flor	lake check rida Departr	nent of S	tate
10.	Due by N		DIRECTORS	Trust Fund C	npaign f	Financing Iden.	\$5.00 May Be Added to Fees		lake check ida Departi RS AND DIRI	ment of SI	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSO 1125 MAR	Лау 1, 2005	DIRECTORS		npaign F Contribut 11. YITL NAM STRE	Financing clon.	\$5.00 May Be Added to Fees	Flor	lake check ida Departi RS AND DIRI	nent of S	tate
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 ampowered 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: A

URE AND TYPED A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 442-9484