

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

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



04112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

UN00000760449
05/25/07-80014-002 61.25

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	

**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: Sharon F. Johnson 4/30/07 (727) 442-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #