## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT · CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800000180

STREET ADDRESS

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90213 006 \*\*\*\*70.00

RIVER OF ABUNDANT LIFE, INC.						] t		<del></del>	
Principal Place of Business  910 BEVILLE ROAD DAYTONA BEACH FL 32114  Mailing Address  910 BEVILLE ROAD DAYTONA BEACH FL 32114									
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorpo 01/12/199		ed		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 59 - 3	48563	ō	<del></del>	Applicable
City & State		City & State	<del></del>			Status Desired	II)	\$8.75 Ad Fee Red	
Zip 24	Country 25	Zip	Zip Country		6. Election Cam Trust Fund C		eg 🗆	\$5.00 M	May Be
	9 Name and Address of Current				10. Name and A	ddress of Net			
KLEIN, THEODORE J ESQ 88 NORTHEAST 168 STREET				82 Street Addre	TEPHEN DSS (P.O. Box Numb DEVI		JOHN ptable) OAD	SON	
NORTH MIAMI BEACH FL 33162				84 City 0.4	4 65	104	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm familier with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, typed printed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								registered jistered	
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 904

6.4 CITY-ST-ZIP

SIGNALLAR REOSTEPHEN E. JOHNSON TREASURE SIGNATURE: BY