

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000180

1. Entity Name

RIVER OF ABUNDANT LIFE, INC.

Principal Place of Business

910 BEVILLE ROAD
DAYTONA BEACH FL 32114

Mailing Address

910 BEVILLE ROAD
DAYTONA BEACH FL 32114-5853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485630

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNSON, STEPHEN E~~
910 BEVILLE RD
DAYTONA BEACH FL 32114

Name

MARCUS J. TRIPLETT

Street Address (P.O. Box Number is Not Acceptable)

910 Beville Road

City

Daytona Beach

FL

Zip Code

32114

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

R.A.

MARCUS J. TRIPLETT

(NOTE: Registered Agent signature required when reinstating)

5-2-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TRIPLETT, MARCUS ☐ Delete
STREET ADDRESS 910 BEVILLE RD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME JOHNSON, STEPHEN E
STREET ADDRESS 910 BEVILLE RD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOINS, CHRISTOPHER
STREET ADDRESS 910 BEVILLE RD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE Secretary ☒ Change ☐ Addition
NAME Goins, Christopher
STREET ADDRESS 910 Beville Rd
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME JANETTE K. TRIPLETT
STREET ADDRESS 910 Beville Road
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] R. MARCUS J. TRIPLETT, Pres.

5-2-2000 (904) 5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)