

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000180

Entity Name: RIVER OF ABUNDANT LIFE, INC.

FILED  
May 12, 2004  
Secretary of State

## Current Principal Place of Business:

910 BEVILLE ROAD  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

910 BEVILLE ROAD  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 59-3485630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIPLETT, MARCUS  
910 BEVILLE RD  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TRIPLETT, MARCUS  
Address: 910 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPD ( ) Delete  
Name: TRIPLETT, JANETTE  
Address: 910 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD ( ) Delete  
Name: GOINS, CHRISTOPHER  
Address: 910 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: PARIS, MARTIN  
Address: 910 BEVILLE RD.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: MAY, RAVOY  
Address: 910 BEVILLE RD.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: LUCAS, JACK  
Address: 910 BEVILLE RD.  
City-St-Zip: DAYTONA BEACH, FL 32114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MAY, RANDY  
Address: 910 BEVILLE RD.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCUS J. TRIPLETT

PD

05/12/2004

Electronic Signature of Signing Officer or Director

Date