

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90087 047 ****61.25

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

2. Principal Place of Business

920 Beville Road

Suite, Apt. #, etc.

3. Mailing Address

920 Beville Road

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach FL

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

4. FEI Number

59-3485630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

TRIPLETT, MARCUS
910 BEVILLE RD
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

920 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRIPLETT, MARCUS	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRIPLETT, JANETTE	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOINS, CHRISTOPHER	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARIS, MARTIN	
STREET ADDRESS	910 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAY, RANDY	
STREET ADDRESS	910 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUCAS, JACK	
STREET ADDRESS	910 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

Marcus J. Triplett

4/28/2005

386-257-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #