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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90165 047 \*\*\*\*61.25

006046

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000001107**

1. Corporation Name

**RIVER OF LIFE FELLOWSHIP, INC.**

Principal Place of Business

12362 CARRIANN COVE TRAIL SOUTH  
JACKSONVILLE FL 32225

Mailing Address

12362 CARRIANN COVE TRAIL SOUTH  
JACKSONVILLE FL 32225



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date incorporated or Qualified

02/25/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BARTLEY, HERBERT L II**  
STREET ADDRESS **12362 CARRIANN COVE TRAIL SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VD** ☐ DELETE  
NAME **BARTLEY, RHONDA L**  
STREET ADDRESS **12362 CARRIANN COVE TRAIL SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **SD** ☒ DELETE  
NAME **CAMPBELL, LAURIE**  
STREET ADDRESS **12362 CARRIANN COVE TRAIL SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TD** ☐ DELETE  
NAME **BRANTLEY, KATINA**  
STREET ADDRESS **12362 CARRIANN COVE TRAIL SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TD** ☒ DELETE  
NAME **CAMPBELL, FREDERICK**  
STREET ADDRESS **12362 CARRIANN COVE TRAIL SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **2nd TD** ☐ Change ☒ Addition  
1.2 NAME **Tucker, Ella B**  
1.3 STREET ADDRESS **1647 Callahan Street**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32207**

2.1 TITLE **3rd TD** ☐ Change ☒ Addition  
2.2 NAME **Bryant, Rosebud B**  
2.3 STREET ADDRESS **1985 W. 30th Street**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32209**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **McHellen, Ryshina L.**  
3.3 STREET ADDRESS **3347 Fitzgerald Street**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32254**

4.1 TITLE **1st TD/DD** ☒ Change ☐ Addition  
4.2 NAME **Brantley, Ka'Tina**  
4.3 STREET ADDRESS **4743 Radcliff Court, Apt. #4**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32217**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: **Ka'Tina Brantley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/99**  
Date

**904-296-1905 ext 21**  
Daytime Phone #

CR2E037 (11/98)