

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jul 11, 2000 8:00 am
Secretary of State

05-24-2000 90181 019 ****61.25

DOCUMENT # N98000001107

1. Entity Name

RIVER OF LIFE FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

4537 EMERSON STREET

JACKSONVILLE, FL 32207

2. Principal Place of Business

4537 EMERSON STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

SAME

Zip

32207

Country

DUVAL

Zip

SAME

Country

SAME

4. FEI Number 59-3495314

26-00-153809-556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME SECRETARY
STREET ADDRESS RYSHINA MCHILLON
CITY-ST-ZIP 12362 CARRIANN COVE TRAIL SO
JACKSONVILLE, FL 32225 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME I TREASURER
STREET ADDRESS KA'TINA BRANTLEY
CITY-ST-ZIP 4537 EMERSON STREET TRAIL 5
JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE NAME ADMINISTRATOR
STREET ADDRESS KA'TINA BRANTLEY
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE NAME II TREASURER
STREET ADDRESS ELLA BELL TUCKER
CITY-ST-ZIP SAME-AS-ABOVE ☐ Change ☒ Addition

TITLE NAME III TREASURER
STREET ADDRESS ROSEBUD BRYANT
CITY-ST-ZIP SAME AS ABOVE ☐ Change ☒ Addition

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

TITLE NAME ☐ Change ☐ Addition
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: Ka'Tina Brantley Ka'Tina Brantley 4/20/00 904-363-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)