


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000001107	
1. Entity Name RIVER OF LIFE FELLOWSHIP, INC.	

Principal Place of Business 4537 EMERSON STREET JACKSONVILLE, FL 32207	Mailing Address 4537 EMERSON STREET JACKSONVILLE, FL 32207
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2. Principal Place of Business 4537 Emerson	3. Mailing Address 4537 Emerson st
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207	Zip 32207
Country U.S.A.	Country U.S.A.

FILED
05 OCT 12 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3495314	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	DATE _____
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FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T	<input type="checkbox"/> Delete TUCKER, ELLA B 1647 CALLAHAN ST. JACKSONVILLE, FL 32207	TITLE 000060547610	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/12/05--01049--001 **70.00
TITLE T	<input type="checkbox"/> Delete BRYANT, ROSEBUD B 1985 W. 36TH ST. JACKSONVILLE, FL 32209	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT	<input type="checkbox"/> Delete ALEXANDER, ANGEL 4537 EMERSON ST. JACKSONVILLE, FL 32207	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	<input type="checkbox"/> Delete BARTLEY, HERBERT L 4537 EMERSON ST. JACKSONVILLE, FL 32207	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete BARTLEY, RHONDA L 4537 EMERSON ST. JACKSONVILLE, FL 32207	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE COMP	<input type="checkbox"/> Delete MCQUEEN, VALERIE R 4113 BENDER ROAD JACKSONVILLE, FL 32207	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 10-07-05	Daytime Phone #: (904) 394-4505
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