

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90207 013 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3495314**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
NAME **TUCKER, ELLA B** ☐ Delete  
STREET ADDRESS **1647 CALLAHAN ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

T  
NAME **Patrice Johnson** ☐ Change ☒ Addition  
STREET ADDRESS **5843 Blackthorn RD**  
CITY-ST-ZIP **Jax FL 32244**

T  
NAME **BRYANT, ROSEBUD B** ☐ Delete  
STREET ADDRESS **1985 W. 36TH ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

Sec.  
NAME **Valerie McGraw** ☐ Change ☒ Addition  
STREET ADDRESS **4113 Bender RD**  
CITY-ST-ZIP **Jax FL 32207**

AT  
NAME **ALEXANDER, ANGEL** ☐ Delete  
STREET ADDRESS **4537 EMERSON ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

T  
NAME **EARNEST Smith** ☐ Change ☒ Addition  
STREET ADDRESS **3357 Alameda ST**  
CITY-ST-ZIP **JAX, FL 32209**

P  
NAME **BARTLEY, HERBERT L** ☐ Delete  
STREET ADDRESS **4537 EMERSON ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

☐ Change ☐ Addition

VP  
NAME **BARTLEY, RHONDA L** ☐ Delete  
STREET ADDRESS **4537 EMERSON ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
**Herbert L Bartley**

CR2E037 (10/02)