SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N98000002143 **DOCUMENT #**

1. Corporation Name

RIVERS OF REFRESHING CHURCH, INC.

Principal Place of Business

374 THOUSAND OAKS BLVD. DAVENPORT FL 33837

2. Principal Place of Business

Mailing Address

2a. Mailing Address

374 THOUSAND OAKS BLVD. DAVENPORT FL 33837

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90001 026 ****61.25



3. Date Incorporated or Qualifed

04/13/1998

2 1		20									
Suite, Apt	#, etc.	Su	ite, Apt. #, etc.				4. FEI Number			App	lied For
22		27					59-3516200			Not	Applicable
, _City,& Sta	ate	. Cit	ty & State				5. Certificate of Status Desired	- 🗆 ~		75 . Ad ee Red	dditional juired
Zip	Country	Zip)	Cot	untry		6. Election Campaign Financin	<u> </u>	\$5	.00 N	May Be
24	25	29		30	-		Trust Fund Contribution	'a 🗆		ided to	-
24;	9. Name and Address of Current		ed Agent		T	_	10. Name and Address of New	v Registered	Agent		
		<u> </u>			81	Name					
SMITH, LARRY R 374 THOUSAND OAKS BLVD.					(BOD No horiz Not Association						
					82	Street Address (P.O. Box Number is Not Acceptable)					
					83						
DAVENE	PORT FL 33837							_			
					84	City		FL	85	Zip C	ode
					<u>1 1</u>				<u> </u>	**	
office or agent. I	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	ions of, Sec	ction 617.0503, Flo	utnorize rida Stat	a by t tutes.	ne corporation	is board of directors. Friereby acc	cept the appoi	ntment	as reg	istered
	Signature, typed or printed name of registered agent			: Registered		signature required	ADDITIONS/CHANGES TO (ID DIR	FCTOR	RS IN 12
12.	FOFFICERS AND	J DIRECTO	DELETE	1.1 T			ABBITIONS/OFFAITOES TO C	ST TIOL NO 7 II	☐ Ch		Addition
TITLE	D D		C OCCU								
NAME	SMITH, LARRY R				AME	ļ					
STREET ADDRESS				1.3 S	TREET.	ADDRESS					
CITY-ST-ZIP	DAVENPORT FL 33837			_	ITY-ST	-ZIP					- Addition
TITLE	D		□ DELETE	2.1 T	TLE	ļ			☐ Ch	ange	☐ Addition
NAME	SMITH, SANDRA K			2.2 N	IAME						
STREET ADDRESS	s 374 THOUSAND OAKS BLVD.			2.3 S	STREET	ADDRESS					
CITY-ST-ZIP	DAVENPORT FL 33837			2.44	CITY-SI	r- <i>7</i> 1P					
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STREET ADDRESS	STEEDLEY, JOHN		DELETE	3.1 T 3.2 N	ITLE IAME	ADDRESS	The second secon		Ch	ange	(Addidon
	STEEDLEY, JOHN 125 HIGHLAND DR		DELETE	3.1 T 3.2 N 3.3 S	ITLE IAME	ADDRESS			Cr	ange	Addition
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CITY-ST-ZIP	STEEDLEY, JOHN 125 HIGHLAND DR		3	3.1 T 3.2 N 3.3 S 3.4. C 4.1 T	TITLE NAME STREET CITY-S1	ADDRESS			-	-	
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indicated on this annual report or supplied with this limits does not qualify to it exempted. It is not exempted 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: