

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002143

1. Entity Name

RIVERS OF REFRESHING CHURCH, INC.

FILED

Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90015 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

374 THOUSAND OAKS BLVD.  
DAVENPORT FL 33837

374 THOUSAND OAKS BLVD.  
DAVENPORT FL 33837-8123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3516200

Applied For

Not Applied For

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

SMITH, LARRY R  
374 THOUSAND OAKS BLVD.  
DAVENPORT FL 33837

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SMITH, LARRY R  
374 THOUSAND OAKS BLVD.  
DAVENPORT FL 33837

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SMITH, SANDRA K  
374 THOUSAND OAKS BLVD.  
DAVENPORT FL 33837

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
STEEDLEY, JOHN  
125 HIGHLAND DR  
LAKE WALES FL 33853

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

TITLE  
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☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Larry R. Smith Larry R. Smith 2/2/00 (863) 424-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #