

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90324 031 *****70.00

004476

DOCUMENT # N98000002914

1. Entity Name

RIVER OF LIFE CELL CHURCH, INC.

Principal Place of Business

**12333 SW 112TH
 MIAMI FL 33186**

Mailing Address

**11762 N. KENDALL DRIVE, 184
 MIAMI FL 33186-2102**

2. Principal Place of Business

12333 SW 112th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0839426

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

**ADKINS, WILLIAM
 15760 S.W. 148TH TERRACE
 MIAMI FL 33186-5704**

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 ☐ Delete
 NAME **D ADKINS, WILLIAM**
 STREET ADDRESS **15760 S.W. 148TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33197**

TITLE ☐ Delete
 NAME **D HUGH, KARL**
 STREET ADDRESS **7625 SOUTH WEST 171ST STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME **D SHAFFER, MIKE**
 STREET ADDRESS **19730 BEL AIRE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☒ Delete
 NAME **D WARREN, HARRY**
 STREET ADDRESS **11101 S.W. 172ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☒ Delete
 NAME **D ROBERTS, CHARLES**
 STREET ADDRESS **1459 MARTIN CT.**
 CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE ☐ Delete
 NAME **D BROWN, ROB**
 STREET ADDRESS **15530 S.W. 57TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33193**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **D Jones, Avery**
 STREET ADDRESS **9125 SW 189 St.**
 CITY-ST-ZIP **Miami, FL. 33157**

TITLE ☐ Change ☒ Addition
 NAME **D Mendola, Ronald**
 STREET ADDRESS **26543 SW 122 Pl.**
 CITY-ST-ZIP **Princeton, FL. 33032**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.20.01 (305) 235-4242

CR2E037 (10/00)