04/25/2002 16:55 3052484060 LARRY K HOOPER

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90354 006 ****61.25

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

DOCUMENT # N98000002914

1. Entity Name
RIVER OF LIFE CELL CHURCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12333 SW 112 ST.	11762 N KENDALL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 184
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33186 Country USA	Zip 33186-2102 Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name ADKINS, WILLIAM

Street Address (P.O. Box Number is Not Acceptable) 15760 SW 148TH TERRACE

City MIAMI FL Zip Code 33186

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	ADKINS, WILLIAM	NAME	
STREET ADDRESS	15760 SW 148TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33197	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HUGH, KARL	NAME	
STREET ADDRESS	7625 SW 171 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SHAFFER, MIKE	NAME	
STREET ADDRESS	19730 BEL AIRE DR.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JONES, AVERY	NAME	**IN THIS SPACE**
STREET ADDRESS	9125 SW 189 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MENDOLA, RONALD	NAME	
STREET ADDRESS	26543 SW 122 PLACE	STREET ADDRESS	
CITY-ST-ZIP	PRINCETON, FL 33032	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BROWN, ROB	NAME	
STREET ADDRESS	15530 SW 57 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	

CR2E037B (12/01)

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

SIGNATURE: _____ 4.26.02 (786) 402.0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #