

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90204 016 ****70.00

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1. Entity Name

RIVER OF LIFE CELL CHURCH, INC.



Principal Place of Business

**12333 SW 112TH STREET
MIAMI FL 33186**

Mailing Address

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

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 **65-0839426**

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **JONES, AVERY**
STREET ADDRESS **9125 SW 189 ST**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **D** ☐ Delete
NAME **MENDOLA, RONALD**
STREET ADDRESS **26543 SW 122 PL.**
CITY-ST-ZIP **PRINCETON FL 33032**

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

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

TITLE ☐ Change ☒ Addition
NAME **DEACON**
STREET ADDRESS **TANDOC, RICK**
CITY-ST-ZIP **13801 S.W. 158TH TERR. MIAMI, FL 33177**

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]

1.17.03 # **CELL 786-402-0856**

CR2E037 (10/02)