

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90011 002 \*\*\*\*61.25

**DOCUMENT # N99000000130**

1. Entity Name

**RIVER OF LIFE CHRISTIAN FELLOWSHIP OF MULBERRY,**

**912699**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

116 NW FIRST AVE  
 MULBERRY FL 33860

116 NW FIRST AVE  
 MULBERRY FL 33860-2446

2. Principal Place of Business

3. Mailing Address

*PO Box 154*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Mulberry FL*

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

*33860 FL*

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

**ROSE, C MICHAEL**  
**521 FALKIRK AVE**  
**VALRICO FL 33594**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **ROSE, C MICHAEL**  
 STREET ADDRESS **521 FALKIRK RD**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **ROSE, DELORES G**  
 STREET ADDRESS **521 FALKIRK RD**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **AIGNER, PAUA A**  
 STREET ADDRESS **114632 MONTAYNE**  
 CITY-ST-ZIP **DOVER FL 33527**

TITLE **SD**  Change  Addition  
 NAME **Laverne Bass**  
 STREET ADDRESS **2720 HOWARD**  
 CITY-ST-ZIP **Mulberry FL 33860**

TITLE **TD**  Delete  
 NAME **SHAW, TOM**  
 STREET ADDRESS **4323 RIDGE RD**  
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*a. matched Rose*  
 Date: *1-25-00*  
 Daytime Phone #: *813 681 4323*

CR2E037 (9/99)