

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002594

FILED
Apr 27, 2005
Secretary of State

Entity Name: RIVER OF LIFE CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

1410 ANGELA STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1410 ANGELA STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0900678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORMACK, WILLIAM
1410 ANGELA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORMACK, WILLIAM
Address: 1410 ANGELA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CORMACK, BRENDA
Address: 1410 ANGELA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LAMERSON, ROBERT B
Address: 2211 SEIDENBERG AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LAEMMEL, KURT
Address: 421 BRECKINBRIDGE ROAD
City-St-Zip: CLARKSVILLE, TN 37042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CORMACK

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date