

2005 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770503

Entity Name

REIVERS OF LIVING WATER, INC.



FILED  
Apr 26, 2005 8:00 am  
Secretary of State

04-26-2005 90145 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6015 MOBILE HOME PK  
1675 SE HWY 301  
SUMMERFIELD FL 34491

9381 CR 622 G  
BUSHNELL FL 32513  
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2414154

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

MULLIN, JUDITH M  
9381 SW 62ND AVE  
BUSHNELL FL 33513

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

E AE EET ADDRESS Y-ST-ZIP	P MULLIN, JUDITH M 9381 SW 62ND AVE BUSHNELL FL 33513	<input type="checkbox"/> Delete
E AE EET ADDRESS Y-ST-ZIP	D MULLIN, DAVID G 2640 HOXIE RD MANNVILLE NY 13661	<input type="checkbox"/> Delete
E AE EET ADDRESS Y-ST-ZIP	VD JONES, OBIE F REV. P O BOX 10 COLEMAN FL 33521	<input type="checkbox"/> Delete
E AE EET ADDRESS Y-ST-ZIP	D FUNGONE, MICHAEL 1124 PROCTOR LANE PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
E AE EET ADDRESS Y-ST-ZIP	D FUNGONE, MARYANN 1124 SE PROCTOR LN PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.