

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 770503

1. Entity Name

RIVERS OF LIVING WATER, INC.



Principal Place of Business

**CURTIS MOBILE HOME PK
16755 SE HWY 301
SUMMERFIELD, FL 34491 US**

Mailing Address

**9381 CR 622 G
BUSHNELL, FL 32513 US**



03122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MULLIN, JUDITH M
STREET ADDRESS	9381 SW 62ND AVE
CITY- ST- ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	MULLIN, DAVID G
STREET ADDRESS	2640 HOXIE RD
CITY- ST- ZIP	MANNSVILLE, NY 13661
TITLE	VD
NAME	JONES, OBIE F REV.
STREET ADDRESS	P O BOX 10
CITY- ST- ZIP	COLEMAN, FL 33521
TITLE	D
NAME	FUNGONE, MICHAEL
STREET ADDRESS	1124 PROCTOR LANE
CITY- ST- ZIP	PORT ST. LUCIE, FL 34983
TITLE	D
NAME	FUNGONE, MARYANN
STREET ADDRESS	1124 SE PROCTOR LN
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/11/06-80061-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Judith M. Mullin **Judith M. Mullin P.** **3-23-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #