2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90274 001 ****70.00

DOCUMENT # 770503

1. Entity Name
RIVERS OF LIVING WATER, INC.

Principal Place of Business	Mailing Address
CURTIS MOBILE HOME PK 16755 SE HWY 301 SUMMERFIELD, FL 34491 US	9381 CR 622 G BUSHNELL, FL 32513 US

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Mullin, Allen W.	Mullin, Allen W.
Suite, Apt. #, etc.: 9325 CR 622 G	Suite, Apt. #, etc.: 9325 CR 622 G
City & State: Bushnell, FL.	City & State: Bushnell, FL.
Zip: 33513 Country: Sumter	Zip: 33513 Country: Sumter

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

7. Name and Address of New Registered Agent

Name: Mullin, David G.
Street Address (P.O. Box Number is Not Acceptable): 9381 CR 622 G.
City: Bushnell, FL **FL** Zip Code: 33513

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: David G. Mullin President 04/17/2007
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MULLIN, JUDITH M 9381 SW 62ND AVE BUSHNELL, FL 33513	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mullin, David G. 2640 Hoxie RD. Mannsville, NY 13661	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLIN, DAVID G 2640 HOXIE RD MANNSVILLE, NY 13661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Mullin, Allen W. 9325 CR 622 G Bushnell, FL. 33513	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, OBIE F REV. P O BOX 10 COLEMAN, FL 33521	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Taplin, Francis 16 Hill ST Pulaski, NY 13142	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUNGONE, MICHAEL 1124 PROCTOR LANE PORT ST. LUCIE, FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fungone,Maryann 1124 SE Proctor LN. Port Saint Lucie, FL 34983	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUNGONE, MARYANN 1124 SE PROCTOR LN PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Mullin, Marie C. 2988 N.E. 166 PL. Citra, FL. 32113	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: David G. Mullin **David G. Mullin** **04/17/2007** **(352)568-2207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #