


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 770503 1. Entity Name RIVERS OF LIVING WATER, INC.	
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Principal Place of Business MULLIN, ALLEN W 9325 CR 622 G BUSHNELL, FL 33513 US	Mailing Address MULLIN, ALLEN W 9325 CR 622 G BUSHNELL, FL 33513 US
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02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2414154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MULLIN, DAVID G 9381 SW 622 G 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 David G. Mullin Pres. *David G. Mullin* Feb. 19, 2008
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLIN, ALLEN W 9325 CR 622 G BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLIN, DAVID G 2640 HOXIE RD MANNSVILLE, NY 13661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPLIN, FRANCES 16 HILL ST PULASKI, NY 13142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNGONE, MARYANN 1124 SE PROCTOR LN PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MULLIN, MARIE C 2988 NE 166 PL CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000837171
03/04/08-80045-014 61.25

**DO NOT WRITE
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: David G. Mullin *David G. Mullin* 02/19/08 (352)568-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #