

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770503

FILED
Apr 26, 2009
Secretary of State

Entity Name: RIVERS OF LIVING WATER, INC.

Current Principal Place of Business:

MULLIN, ALLEN W
9325 CR 622 G
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

MULLIN, ALLEN W
9325 CR 622 G
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-2414154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIN, DAVID G
9381 SW 622 G
BUSHNELL, FL 33513 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: VD () Delete
Name: MULLIN, ALLEN W
Address: 9325 CR 622 G
City-St-Zip: BUSHNELL, FL 33513

Title: P () Delete
Name: MULLIN, DAVID G
Address: 2640 HOXIE RD
City-St-Zip: MANNSVILLE, NY 13661

Title: D () Delete
Name: TAPLIN, FRANCES
Address: 16 HILL ST
City-St-Zip: PULASKI, NY 13142

Title: D () Delete
Name: FUNGONE, MARYANN
Address: 1124 SE PROCTOR LN
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: ST () Delete
Name: MULLIN, MARIE C
Address: 2988 NE 166 PL
City-St-Zip: CITRA, FL 32113

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID G. MULLIN

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date