

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770503

**FILED**  
**Jan 17, 2011**  
**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  
Name: MULLIN, ALLEN W  
Address: 9325 CR 622 G  
City-St-Zip: BUSHNELL, FL 33513

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

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

Title: D  
Name: MULLIN, GARY E  
Address: PO BOX 39  
City-St-Zip: MANNSVILLE, NY 13661

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID G. MULLIN

P

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date