

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002502

FILED
Mar 23, 2008
Secretary of State

Entity Name: RIVER OF WATER MINISTRIES, INC.

Current Principal Place of Business:

1608 ALBANY ST.
TAMPA, FL 33607

New Principal Place of Business:

1608 ALBANY AVE
TAMPA, FL 33607

Current Mailing Address:

2040 E. HAYES
INVERNESS ST, FL 34453

New Mailing Address:

FEI Number: 04-3511341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, BOB
2040 E HAYES ST
INVERNESS ST, FL 34453 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: PC () Delete
Name: STEELE, BOB
Address: 2040 E. HAYES ST
City-St-Zip: INVERNESS, FL 34453

Title: SD () Delete
Name: JOHNSON, LEON
Address: 13909 NORTH 19TH STREET
City-St-Zip: TAMPA, FL 33616

Title: TD () Delete
Name: STEELE, SARA R
Address: 2040 E. HAYES ST
City-St-Zip: INVERNESS, FL 34453

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:

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: BOB STEELE

PC

03/23/2008

Electronic Signature of Signing Officer or Director

Date