FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # N0100004473 1. Entity Name 04-17-2002 90062 005 ****61.25 RIVERS OF LIVING WATERS CENTER, INC. Principal Place of Business Mailing Address 2542 S HARBOUR CITY BLVD 2542 S HARBOUR CITY BLVD MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 451119126 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FONTAINE,:PATRICIA A 2542 S HARBOUR CITY BLVD MELBOURNE FL 32904: - . -Zip Code FI 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) TITLE Delete TITLE Linda Hill ☐ Change MERRIWEATHER, JOHN NAME NAME 274 Eckeret St. 2541 VERNON DR STREET ADDRESS STREET ADDRESS Palm BAY 7/a. 32909 PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIP Guereldyn bale Colbect 2884 Hiawatha Ave TITLE ☐ Delete TITLE MERRIWEATHER, LAURA NAME NAME 2541 VERON DRIVE STREET ADDRESS STREET ADDRESS N.E Palm Bay Fl 32915 PALM BAY FL 32905 CITY-ST-7JP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE CARPENTER, DELLA NAME NAME STREET ADDRESS 709 E UNIVERSITY BLVD STREET ADDRESS **MELBOURNE FL 32904** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PAYNE, ARTHUR NAME NAME 2586 COLBERT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FONTAINE, PATRICIA A NAME 1551 HARDWICKE ST NW STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP FALREN POSTELL ST. TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS Mc/bourne 7/9 32901 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. a. Fortaine 4/4/02

SIGNATURE: