

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000004473

1. Entity Name
RIVERS OF LIVING WATERS CENTER, INC.



FILED
Apr 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
2542 S HARBOUR CITY BLVD
MELBOURNE, FL 32904

Mailing Address
P.O. BOX 110282
PALM BAY, FL 32907



04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1119126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FONTAINE, PATRICIA A
1551 HARDWICKE ST NW
PALM BAY, FL 32907

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

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME SMITH, YOLISHA
STREET ADDRESS 584 MALBARA RD SW APT 101
CITY-ST-ZIP PALM BAY, FL

TITLE T
NAME MERRIWEATHER, LAURA
STREET ADDRESS 2541 VERON DRIVE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE D
NAME WILLIAMS, LINDA
STREET ADDRESS 2160 ALICIA AVE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE T
NAME HILL, LINDA
STREET ADDRESS 2156 KENT ST NE
CITY-ST-ZIP PALM BAY, FL 32907

TITLE PCD
NAME FONTAINE, PATRICIA A
STREET ADDRESS 1551 HARDWICKE ST NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000107733
04/09/04-80026-024 61.25

DO NOT WRITE
IN THIS SPACE

12. 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.

SIGNATURE:

Patricia A. Fontaine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04

Date

(321) 674-0505

Daytime Phone #