

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90329 006 \*\*\*\*70.00

**DOCUMENT # N01000004473**

1. Entity Name

RIVERS OF LIVING WATERS CENTER, INC.



Principal Place of Business

2542 S HARBOUR CITY BLVD  
MELBOURNE FL 32904

Mailing Address

P.O. BOX 110282  
PALM BAY FL 32907

2. Principal Place of Business

772 Clearlake Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Fl.

City & State

Zip

Country

Zip

Country

32922

Beverly

4. FEI Number

65-1119126

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BONNIE PHELAN  
1335 CONTINENTAL AVE  
MELBOURNE, FL 32940 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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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* 4/14/05 (321) 6740505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #