


# 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      Mailing Address  
**2542 S HARBOUR CITY BLVD**      **P.O. BOX 110282**  
**MELBOURNE FL 32904**      **PALM BAY FL 32907**

2. Principal Place of Business      3. Mailing Address  
**772 Clearlake Rd.**      **Same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Cocoa Fl.**      **Same**

Zip      Country      Zip      Country  
**32922**      **Berward**



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**65-1119126**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	SMITH, YOLISHA	584 MALBARA RD SW APT 101	PALM BAY FL	<input type="checkbox"/>
T	MERRIWEATHER, LAURA	2541 VERON DRIVE	PALM BAY FL 32905	<input type="checkbox"/>
D	WILLIAMS, LINDA	2160 ALICIA AVE	PALM BAY FL 32905	<input type="checkbox"/>
T	HILL, LINDA	2156 KENT ST NE	PALM BAY FL 32907	<input type="checkbox"/>
PCD	FONTAINE, PATRICIA A	1551 HARDWICKE ST NW	PALM BAY FL 32907	<input type="checkbox"/>
	Bonnie Phelan	1335 Continental Ave	Melbourne, Fl. 32940	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #