

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000004473

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



Principal Place of Business

**772 CLEARLAKE RD
COCOA, FL 32922**

Mailing Address

**772 CLEARLAKE RD
COCOA, FL 32922**



02042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**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**

**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, 2006**

**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 T
NAME PHELAN, BONNIE
STREET ADDRESS 1335 CONTINENTAL AVE
CITY-ST-ZIP MELBOURNE, FL 32940**

1100000508670
04/28/06-80014-002 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/9/06 (321) 674-0505

Date

Daytime Phone #