


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004473</b> 1. Entity Name RIVERS OF LIVING WATERS CENTER, INC.	
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Principal Place of Business 772 CLEARLAKE RD COCOA, FL 32922	Mailing Address 772 CLEARLAKE RD COCOA, FL 32922
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**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1119126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD00000665418  
 03/23/07-80029-001 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, YOLISHA 584 MALBARA RD SW APT 101 PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERRIWEATHER, LAURA 2541 VERON DRIVE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LINDA 2160 ALICIA AVE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, LINDA 2156 KENT ST NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FONTAINE, PATRICIA A 1551 HARDWICKE ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHELAN, BONNIE 1335 CONTINENTAL AVE MELBOURNE, FL 32940

**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* 3/6/07 (321-426-8480)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #