

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90064 003 ****61.25

DOCUMENT # 001000004473

1. Entity Name

Rivers Of Living Waters Center



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2542 S. Harbour City Blvd.

3. Mailing Address

P.O. Box 110282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Fl.

City & State

Palm Bay, Fl.

Zip

32901

Country

Brevard

Zip

32907

Country

Brevard

4. FEI Number

105-1119126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Pastor Patricia A. Fontaine

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

1551 Hardwick St NW

Palm Bay Fl.

FL

Zip Code

32907

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 *Patricia A. Fontaine* *Patricia A. Fontaine* *6/24/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	<i>Secretary</i>
NAME	<i>Yolisha Smith</i>
STREET ADDRESS	<i>504 Malabar Rd. SW Apt 101</i>
CITY-ST-ZIP	<i>Palm Bay, Fl.</i>
TITLE	<i>P/O</i>
NAME	<i>Pastor Patricia A. Fontaine</i>
STREET ADDRESS	<i>1551 Hardwick St NW</i>
CITY-ST-ZIP	<i>Palm Bay, Fla. 32907</i>
TITLE	<i>T-Treasurer</i>
NAME	<i>Laura Merritt Weather</i>
STREET ADDRESS	<i>2541 Vernon St</i>
CITY-ST-ZIP	<i>Palm Bay Fl. 32904</i>
TITLE	<i>Exec Director</i>
NAME	<i>Linda Williams</i>
STREET ADDRESS	<i>2160 Alicia Ave</i>
CITY-ST-ZIP	<i>Palm Bay, Fla. 32905</i>
TITLE	<i>T-Trustee</i>
NAME	<i>Linda Hill</i>
STREET ADDRESS	<i>2154 Kent St. NE.</i>
CITY-ST-ZIP	<i>Palm Bay, Fl. 32907</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pastor Patricia A. Fontaine* *6/24/03* *(321) 674-0505*

CR2E037B (12/02)