

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfism
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N01563 (8)**
1. Corporation Name
RIVERS OF LIVING WATER MINISTRIES, INC.

Principal Place of Business Mailing Address
P.O. BOX 36115 PENSACOLA FL 32516
P.O. BOX 36115 PENSACOLA FL 32516

3. Date incorporated or Qualified: **02/21/1984** 3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-2464216** Applied For: Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRITNELL, JIM
~~XXXXX~~ 2117 South Fairfield Dr.
PENSACOLA FL 32507

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jim Britnell* DATE *3/10/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT
NAME	NEWSOM, JAMES EDWARD
STREET ADDRESS	XXXXX SUNSET AVE
CITY-ST-ZIP	EPHRATA PA 17522
TITLE	VD
NAME	BEITNELL, JIM
STREET ADDRESS	2117 SOUTH FAR FIELD DRIVE
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	STD
NAME	HANUBY, DAVID
STREET ADDRESS	32 DOGWOOD DRIVE
CITY-ST-ZIP	EPHRATA PA 17522
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	32 Dogwood Dr.
1.4 CITY-ST-ZIP	Ephrata, PA 17522
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Britnell, Jim
2.3 STREET ADDRESS	2117 South Fairfield Dr.
2.4 CITY-ST-ZIP	Pensacola, FL 32507
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hornsby, David
3.3 STREET ADDRESS	402 W. Sunset Ave.
3.4 CITY-ST-ZIP	Ephrata, PA 17522
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Edward Newsom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *3/6/95* DAYTIME PHONE: *(912) 857-4567*