

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90194 028 \*\*\*\*70.00

**DOCUMENT # N01563**  
 1. Entity Name  
**RIVERS OF LIVING WATER MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
 P.O. BOX 36115      P.O. BOX 36115  
 PENSACOLA FL 32516      PENSACOLA FL 32516-6115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2464216**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRITNELL, JIM <sup>FAIRFIELD</sup>**  
**2117 SOUTH FAIRFIELD**  
**PENSACOLA FL 32507**

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.

SIGNATURE *Jim Britnell*      *Vice President*      *2/25/2000*  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>NEWSOM, JAMES EDWARD</b>	
STREET ADDRESS	<b>32 DOGWOOD DR.</b>	
CITY-ST-ZIP	<b>EPHRATA PA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BRITNELL, JIM <sup>Fairfield</sup></b>	
STREET ADDRESS	<b>2117 SOUTH FAR-FIELD DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>NEWSOM, DIANE</b>	
STREET ADDRESS	<b>32 DOGWOOD DRIVE</b>	
CITY-ST-ZIP	<b>EPHRATA PA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *SIGNATURE REQUIRED* *President* *2/25/2000* *(717) 228-3000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)