

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-07-2001 90177 046 ****70.00

DOCUMENT # N01563

1. Entity 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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITNELL, JIM
2117 SOUTH FAIRFIELD Drive
PENSACOLA FL 32507

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

2/12/2001

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

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Britnell	
STREET ADDRESS	2117 Fairfield Drive	
CITY-ST-ZIP	Pensacola FL 32507	
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
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001 (717) 258-2025

Date

Daytime Phone #

CR2E037 (10/00)