

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2005
Secretary of State**

DOCUMENT# N01563

Entity Name: RIVERS OF LIVING WATER MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 36115
PENSACOLA, FL 32516

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 36115
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 59-2464216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRITNELL, JIM
2117 S FAIRFIELD DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDTD () Delete
Name: COLLINS, MILTON C DIRECTO
Address: 3400 GOOSE CREEK DRIVE
City-St-Zip: LOUISVILLE, KY 40241

Title: VPD () Delete
Name: PARISH, TIM DIRECTO
Address: 10117 FOXBORO DRIVE
City-St-Zip: LOUISVILLE, KY 40223

Title: STD () Delete
Name: NEWSOM, DIANE DIRCTOR
Address: 3618 SORRENTO AVENUE
City-St-Zip: LOUISVILLE, KY 40241

Title: O/D () Delete
Name: NEWSOM, JIM E DIRECTO
Address: 3618 SORRENTO AVENUE
City-St-Zip: LOUISVILLE, KY 40241

Title: O/D () Delete
Name: BRITNELL, JIM A DIRECTO
Address: 2117 S FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM E. NEWSOM

Electronic Signature of Signing Officer or Director

O/D

06/30/2005

Date