

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01563

FILED
Jun 14, 2007
Secretary of State

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:

2117 S FAIRFIELD DRIVE
PENSACOLA, FL 32507

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTD (X) Change () Addition
Name: PARISH, TIMOTHY DIRECTO
Address: 5215 CHARLBURY COURT
City-St-Zip: LOUISVILLE, KY 40241

Title: VPD (X) Change () Addition
Name: GORMAN, GREG DIRECTO
Address: 4509 NORTH RIDGE CIRCLE
City-St-Zip: CRESTWOOD, KY 40014

Title: STD (X) Change () Addition
Name: COOPER, JON DIRCTOR
Address: 3902 WOODMONT PARK LANE
City-St-Zip: LOUISVILLE, KY 40245

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

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

Title: O/D () Change (X) Addition
Name: ROSE, KEVIN
Address: 2409 GALLOWAY COURT
City-St-Zip: LOUISVILLE, KY 40245

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES NEWSOM

Electronic Signature of Signing Officer or Director

O/D

06/14/2007

Date