

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 1:43

DOCUMENT # N47337 (3)

1. Corporation Name
RIVERS OF LIVING WATER, INT. INC.

Principal Place of Business Mailing Address
3430 CURRYVILLE ROAD CHULUOTA FL 32766

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/14/1992** 3a. Date of Last Report **04/07/1994**

4. FEI Number **62-1366756** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** *Rivers of Living Water, Int.*
Suits, Apt. #, etc. Suite, Apt. #, etc.
22 **27** *P.O. Box 660718*
City & State City & State
23 **28** *Chuluota, Florida*
Zip Country Zip Country
24 **25** **29** *32766-0718* **30** *U.S.A.*

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

**HALE, DANIEL B.
3430 CURRYVILLE ROAD
CHULUOTA FL 32766**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HALE, DANIEL B.
STREET ADDRESS	3430 CURRYVILLE RD
CITY - ST - ZIP	CHULUOTA FL
TITLE	D
NAME	HALE, DELIA C.
STREET ADDRESS	3430 CURRYVILLE RD
CITY - ST - ZIP	CHULUOTA FL
TITLE	D
NAME	LINDSAY, DENNIS
STREET ADDRESS	3320 M.D. LOVE #202
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	LINDSAY, GINGER
STREET ADDRESS	3320 M.D. LOVE #202
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	HOWARD, SCOTT
STREET ADDRESS	8701 ZIEGLER BLVD.
CITY - ST - ZIP	MOBILE AL
TITLE	D
NAME	KNOTT, GLORIETTA
STREET ADDRESS	8701 ZIEGLER BLVD.
CITY - ST - ZIP	MOBILE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(3)(k), 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: *Daniel Hale* **1-21-95** **407-365-6537**
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Telephone No.