

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47337 (3)**  
 1. Corporation Name  
**RIVERS OF LIVING WATER, INT. INC.**



Principal Place of Business <b>3430 CURRYVILLE ROAD CHULUOTA FL 32766</b>	Mailing Address <b>P O BOX 660718 CHULUOTA FL 32766-0718 US</b>
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3. Date Incorporated or Qualified <b>02/14/1992</b>	3a. Date of Last Report <b>02/01/1995</b>
4. FEI Number <b>62-1366756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>same</b>	2a. Mailing Address 26 <b>P.O. Box 622128</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>Oviedo, FL.</b>
Zip 24	Country 25
Country 29 <b>32762</b>	Country 30 <b>Seminole</b>

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, DANIEL B.</b>	1.2 NAME	
STREET ADDRESS	<b>3430 CURRYVILLE RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHULUOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, DELIA C.</b>	2.2 NAME	
STREET ADDRESS	<b>3430 CURRYVILLE RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHULUOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSAY, DENNIS</b>	3.2 NAME	
STREET ADDRESS	<b>3320 M.D. LOVE #202</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DALLAS TX</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSAY, GINGER</b>	4.2 NAME	
STREET ADDRESS	<b>3320 M.D. LOVE #202</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DALLAS TX</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, SCOTT</b>	5.2 NAME	
STREET ADDRESS	<b>8701 ZIEGLER BLVD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MOBILE AL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTT, GLORIETTA</b>	6.2 NAME	
STREET ADDRESS	<b>8701 ZIEGLER BLVD.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MOBILE AL</b>	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 119.07(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 **Daniel Hale** **6-8-96** **365-6537**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)