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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

N47337

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RIVERS OF LIVING WATER, INT. INC.

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Principal Place of Business		Mailing Address		r som tremt mit minne immen beidem breit e	Måt minte midtt bilbit mittit ålate midte innb
3430 CURRYVILLE ROAD CHULUOTA FL 32766		P.O. BOX 622128 OVIEDO FL 32762-2128 US			
				3. Date Incorporated or Qualified 02/14/1992	3a. Date of Last Report 06/12/1996
₁	ace of Business	2a. Mailing Address		4. FEI Number 62-1366756	Applied For
Suite, Apt.	÷ ok	26 Suite, Apt. #, etc.		02-1300130	Not Applicable
22 SUILE, API.	", U()	27)		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	I Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes DNo
24	25 9. Name and Address of Curr	29 ent Registered Agent	[30]	10. Name and Address of New Re	<u> </u>
			81 Name		
HAIF	ANIFI R		90 0000	(D.O. D N	1-3
HALE, DANIEL B. 3430 CURRYVILLE ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptab	NO)
	OTA FL 32766		83		
			84 City		85 Zip Code
				rporation submits this statement for the p	<u> </u>
	egistereb agent, or born, in the sta	ite of Florida, Such change was inations of Section 617,0503, F	aumonzed by the corpora Torida Statutes.	ation's board of directors. I hereby accep	of the appointment as registered
office or r agent. La SIGNATURE			DTE: Registered Agent signature requ	uired when reinstating)	DATE
_	Signature: Typed or pair teat name of registered a			uired when reinstaling) ADDITIONS/CHANGES TO OFFIC	
SIGNATURE	Signature: Typed or pair teat name of registered a	agent and title if applicable (NC	PTE: Registered Agent signature requ	*****	CERS AND DIRECTORS IN 12
SIGNATURE	Signature typed or pay lead nature of registered a OFFICERS A D HALE, DANIEL B.	ngeri and the if applicable (NC	DTE: Registered Agent signature requ	*****	CERS AND DIRECTORS IN 12
SIGNATURE , 12. TITLE	Signature typed or particular after of registrosists OFFICERS A D HALE, DANIEL B. 3430 CURRYVILLE RD	agent and the if applicable (NC	DTE: Registered Agent signature requirements 13.	*****	CERS AND DIRECTORS IN 12
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