

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3430 CURRYVILLE ROAD CHULUOTA FL 32766	Mailing Address P.O. BOX 622128 OVIEDO FL 32766-0718 US
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3. Date Incorporated or Qualified
02/14/1992

4. FEI Number
62-1366756

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29	Country 30	

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	85 Zip Code

FL

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 *Daniel B. Hale* (NOTE: Registered Agent signature required when reinstating) *2/21/98* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, DANIEL B.	1.2 NAME	
STREET ADDRESS	3430 CURRYVILLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, DELIA C.	2.2 NAME	
STREET ADDRESS	3430 CURRYVILLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, DENNIS	3.2 NAME	
STREET ADDRESS	3320 M.D. LOVE #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, GINGER	4.2 NAME	
STREET ADDRESS	3320 M.D. LOVE #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, SCOTT	5.2 NAME	
STREET ADDRESS	8701 ZIEGLER BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTT, GLORIETTA	6.2 NAME	
STREET ADDRESS	8701 ZIEGLER BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 B. Hale* (NOTE: Registered Agent signature required) *2/21/98* *407-365-6537*

CR2E037 (10/97)