


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47337**

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

Principal Place of Business 3430 CURRYVILLE ROAD CHULUOTA FL 32766	Mailing Address P O BOX 622126 OVIEDO FL 32762-2126 US
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FILED  
 20 JUL 29 PM 2:12  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA



3/6/99 90103035 4/6/25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/14/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 62-1366756
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, DELJA 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	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	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	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	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	

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, with all other like empowered.

SIGNATURE: Daniel B. Hale Date: 7/6/99 Daytime Phone #: 318-487-8671

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