

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90216 017 ****61.25

DOCUMENT # N47337

1. Entity Name

RIVERS OF LIVING WATER, INT. INC.

Principal Place of Business

3430 CURRYVILLE ROAD
 CHULUOTA FL 32766

Mailing Address

P O BOX 6209
 ALEXANDRIA LA 71307
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

62-1366756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HALE, DANIEL B.
3430 CURRYVILLE ROAD
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Daniel B. Hale

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/31/2001

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALE, DANIEL B. | |
| STREET ADDRESS | 3430 CURRYVILLE RD | |
| CITY-ST-ZIP | CHULUOTA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALE, DELIA C. | |
| STREET ADDRESS | 3430 CURRYVILLE RD | |
| CITY-ST-ZIP | CHULUOTA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LINDSAY, DENNIS | |
| STREET ADDRESS | 3320 M.D. LOVE #202 | |
| CITY-ST-ZIP | DALLAS TX | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LINDSAY, GINGER | |
| STREET ADDRESS | 3320 M.D. LOVE #202 | |
| CITY-ST-ZIP | DALLAS TX | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOWARD, SCOTT | |
| STREET ADDRESS | 8701 ZIEGLER BLVD. | |
| CITY-ST-ZIP | MOBILE AL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KNOTT, GLORIETTA | |
| STREET ADDRESS | 8701 ZIEGLER BLVD. | |
| CITY-ST-ZIP | MOBILE AL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Daniel B. Hale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

318-487-8671

CR2E037 (10/00)