

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90015 015 \*\*\*\*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.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

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** *Daniel B. Hale* **3/5/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, DANIEL B.</b>	NAME	
STREET ADDRESS	<b>3430 CURRYVILLE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHULUOTA FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, DELIA C.</b>	NAME	
STREET ADDRESS	<b>3430 CURRYVILLE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHULUOTA FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSAY, DENNIS</b>	NAME	
STREET ADDRESS	<b>3320 M.D. LOVE #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSAY, GINGER</b>	NAME	
STREET ADDRESS	<b>3320 M.D. LOVE #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, SCOTT</b>	NAME	
STREET ADDRESS	<b>8701 ZIEGLER BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTT, GLORIETTA</b>	NAME	
STREET ADDRESS	<b>8701 ZIEGLER BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL</b>	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: **Daniel B. Hale** *Daniel B. Hale* **3-5-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)