

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: City & State

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