


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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 01/20/05-80012-012 61.25

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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 Hale* Daniel Hale *1/11/04* 318-487-5671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #