



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N47337</b> 1. Entity Name RIVERS OF LIVING WATER, INT. INC.	
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Principal Place of Business 3430 CURRYVILLE ROAD CHULUOTA, FL 32766	Mailing Address P O BOX 6209 ALEXANDRIA, LA 71307 US
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**DO NOT WRITE IN THIS SPACE**

	
03022007 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>62-1366756</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HALE, DANIEL B.  
 3430 CURRYVILLE ROAD  
 CHULUOTA, FL 32766

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000657408  
03/14/07-80067-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3-2-07 3184878611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #