

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90102 038 ****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



CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida 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: _____

Daniel B. Hales

1/6/03

318-4878671

CR2E037 (10/02)