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

FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # N94000004972

1. Entity Name
The Rivers of Living Water Ministries INC

04-09-2002 90737 027 ****66.25

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DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 3. Mailing Address	27th - 20061874
705 Sistate Rd. 7 Suite, Apt. #, etc. Building Suite, Apt. #, etc.	House DO NOT WRITE IN THIS SPACE
Margate Florida Lauderdale	Lakes F1. 4. FEI Number 65-0512823 Applied For Not Applicable
zip33068 Broward zip35309	Sountry 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P. 0. Box Number is Not Acceptable)	
IN THIS SPACE	3965 N.W.37th TERR City Lauderdale Lakes FL Zip 538.309
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 Phylis Eluch Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co	
10. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME Henry F. Eluett D STREET ADDRESS CITY-ST-ZIP Fauderdale Lakes Florida 35500 TITLE Secretary	TITLE
STREET ADDRESS 3965 N.W. 37th Terr Lauderdale Lakes Florida 33309 TITLE Treasurer	THLE
STREET ADDRESS GIZONWILL AVE.	NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE Trustee NAME Crystal Cook D STREET ADDRESS CITY-ST-ZIP Fort Landerdale F1. 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME	TITLE NAME

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: WIRLLY HENRY F. Eluett 3-26-02 954-731-250