

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90035 042 \*\*\*\*61.25

DOCUMENT # N94000004972

1. Entity Name

THE RIVERS OF LIVING WATER MINISTRIES OF  
LAUDERDALE LAKES FLORIDA, INC.



Principal Place of Business

705 S STATE RD 7 BUILDING  
MARGATE, FL 33068

Mailing Address

3965 NW 37TH TERRACE HOUSE  
LAUDERDALE LAKES, FL 33309

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0512823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELUETT, PHYLLIS Y  
3965 NW 37TH TERRACE  
LAUDERDALE LAKES, FL 33319

**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

*Phyllis Y. Eluett* *Phyllis Y. Eluett*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-05

**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 PD  
NAME ELUETT, HENRY F  
STREET ADDRESS 3965 NW 37TH TERRACE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33309

TITLE S  
NAME ELUETT, PHYLLIS  
STREET ADDRESS 3965 NW 37TH TERRACE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33309

TITLE TD  
NAME DALEY, JAMES  
STREET ADDRESS 249 NW 79TH TERRACE  
CITY-ST-ZIP POMPANO BEACH, FL 33063

TITLE D  
NAME COATS, CRYSTAL  
STREET ADDRESS 506 NW 23 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Henry Frank Eluett*

Henry Frank Eluett

954-485-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-05

Daytime Phone #