

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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**



02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

(Signature of Phyllis Y. Eluett)
Signature, typed or printed name of registered agent and title if applicable.

(Signature of Phyllis Y. Eluett)
(NOTE: Registered Agents signature required when remaining)

2-17-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000440092
03/02/06-80027-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 817, 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:

(Signature of Henry F. Eluett)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-06