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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001359 (5)**

1. Corporation Name

RIVERS OF LIVING WATER OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
2101 N.W. 39TH AVENUE GAINESVILLE FL 32605	4626 N.W. 35TH STREET GAINESVILLE FL 32605

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3430352

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANKER, CALVIN E SR.
4626 N.W. 35TH STREET
GAINESVILLE FL 32605**

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

N/A

84 City

N/A

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Pastor** ☐ DELETE
NAME **Calvin E. Manker, Sr.**
STREET ADDRESS **4626 NW 35th Street**
CITY-ST-ZIP **Gainesville, FL 32605**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **N/A**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **La'Rose Y. Manker, Director**
STREET ADDRESS **4626 NW 35th Street**
CITY-ST-ZIP **Gainesville, FL 32605**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **N/A**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **Andrena Outlaw, Secretary**
STREET ADDRESS **2163 NE 17th Terrace**
CITY-ST-ZIP **Gainesville, FL 32602**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **N/A**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **Ronald Betts, Chairman**
STREET ADDRESS **413 NE 23rd Avenue #60**
CITY-ST-ZIP **Gainesville, FL 32608**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **N/A**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **N/A**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **N/A**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

LaRose Y. Manker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/98
Date

Date

Daytime Phone #

CR2E037 (10/97)