NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9700001359

1. Corporation Name

RIVERS OF LIVING WATER OUTREACH MINISTRY, INC.

Principal Place of Business 2101 N.W. 39TH AVENUE GAINESVILLE FL 32605

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

4626 N.W. 35TH STREET GAINESVILLE FL 32605

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90022 008 ****61.25



Date Incorporated or Qualifed 03/12/1997

| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 4. FEI Number 59-3430352 | | lied For | |
|--|---------------------------|-------------------------|--|---|---|---|------------|--|
| 22 | | 27 | | | 59-3430352 | | Applicable | |
| | City & State City & State | | - | | 5. Certifcate of Status Desired | atus Desired \$8.75 Additional Fee Required | | |
| Zip | Country Zip Cou | | | | 6. Election Campaign Financing | \$5.00 | Mav Be | |
| 24 | 25 | 29 30 | 1 | | Trust Fund Contribution | Added to | • | |
| 9. Name and Address of Current Registered Agent | | | <u>' </u> | 10. Name and Address of New Registered Agent | | | | |
| | | <u> </u> | 81 | Name | | | | |
| MANKER, CALVIN E SR. | | | | ROLD CLASS Address (D.O. Bou Musches in Not Acceptable) | | | | |
| 4626 N.W. 35TH STREET | | | | 82) Street Address (P.O. Box Number is Not Acceptable) | | | | |
| GAINESVILLE FL 32605 | | | | | | | | |
| GAINESVI | LLE FC 32003 | | | | | | | |
| | | | 84 | City | | FL 85 Zip C | ode | |
| | | LOCATION DI LI COLLEGIO | | | the sale this statement for the pur | | ragistered | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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/ anti accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, the dor politicated and the purpose of changing its registered agent of politication of the purpose of changing its registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept the purpose of changing its registered agent. I hereby accept the purpose of changing i | | | | | | | | |
| 12. |) OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition | |
| NAME | MANKER, CALVIN E SR | | 1.2 NAME | | | | | |
| STREET ADDRESS | 4626 NW 35TH STREET | l | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | | 1.4 CITY-ST | r-ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | ☐ Change | Addition | |
| NAME | MANKER, LA'ROSE Y | 1 | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | 4626 NW 35TH STREET | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | į | 2.4 CITY-S | T-ZIP | | • | | |
| TITLE | TS | ☐ DELETE | 3.1 TITLE | | 105+ nome) | Change | Addition | |
| NAME | Outlaw, andrena | 1 | 3.2 NAME | 1 6 | Tast nome) Indrema R. DAsher (All Other Same) | | | |
| STREET ADDRESS | 2163 NE 17TH TERRACE | 1 | 3.3 STREET | ADDRESS | All Olhan Same | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32602 | J | 3.4. CITY-S | T-ZIP | THIS SHITE | | | |
| TITLE | TC | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | BETTS, RONALD | | 4.2 NAME | | | | | |
| STREET ADDRESS | 413 NE 23RD AVENUE #60 | } | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | | 4.4 CITY-ST | \ \ \ | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition | |
| NAME | | į | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | |
|] | | | 5.4 CITY-ST | r-ZHP | | | | |
| CITY-ST-ZIP | | □ DELETE | 6.1 TITLE | | | Change | Addition | |
| | | _ | 6.2 NAME | | | _ • | | |
| NAME | | | 6.3 STREET | ADDRESS | | | | |
| STREET ADDRESS | | | 6.4 CITY-ST | | | | | |
| 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: