

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001359

1. Entity 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 32605-1083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3430352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Robin McClellon

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

2130 NW 31st Ave
Gainesville, FLA.

City

FL

Zip Code
32605

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MANKER, CALVIN E SR
STREET ADDRESS 4626 NW 35TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Robin McClellon ☐ Change ☒ Addition
NAME
STREET ADDRESS 5130 NW 31st Ave
CITY-ST-ZIP Gainesville, FLA. 32605

TITLE D ☐ Delete
NAME MANKER, LA'ROSE Y
STREET ADDRESS 4626 NW 35TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME DASHER, ANDREA R
STREET ADDRESS 2163 NE 17TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TC ☒ Delete
NAME BETTS, RONALD
STREET ADDRESS 413 NE 23RD AVENUE #60
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90395 019 ****70.00



DO NOT WRITE IN THIS SPACE

2/26/00 (352)374-7201