

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001359

FILED
Jul 13, 2004
Secretary of State**Entity Name:** RIVERS OF LIVING WATER OUTREACH MINISTRY, INC.**Current Principal Place of Business:**125 NW 23RD AVENUE
#9
GAINESVILLE, FL 32609**New Principal Place of Business:****Current Mailing Address:**PO BOX 6064
GAINESVILLE, FL 32627**New Mailing Address:****FEI Number:** 59-3430352**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MANKER, LAROSE Y
3632 NW 18TH TERRACE
GAINESVILLE, FL 32605 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: SMITH, THREASA
Address: 4129 NW 7TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: MANKER, LA'ROSE Y
Address: 3636 NW 18TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: DASHER, ANDRENA
Address: 6815 UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: DIXON, SHARONDA
Address: 3416 NW 63RD STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: T (X) Delete
Name: WATKINS, KATRINA
Address: 2510 NE 9TH ST #44
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: RICHARDSON, JAMES
Address: 1714 SW 68TH TERR
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAROSE Y. MANKER

D

07/13/2004

Electronic Signature of Signing Officer or Director

Date