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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000982

1. Corporation Name
RIVERS OF LIVING WATER DELIVERANCE MINISTRIES IN C.

Principal Place of Business 522 NORTHWOOD RD WEST PALM BEACH FL 33407	Mailing Address 522 NORTHWOOD RD WEST PALM BEACH FL 33407
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2. Principal Place of Business 21 2103 N. Dixie Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 Box 8556 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/19/1998
22 33407	27 W P B FL	4. FEI Number 65-0811439
23 West Palm Bch City & State	28 33407 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 FL Zip	29 FL Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JONES, DOROTHY H 1420 WINDORAH WAY #A WEST PALM BEACH FL 33411	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Dorothy Jones Dorothy Jones (Pastor) 2-10-99
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE Pastor	NAME Dorothy H Jones (D)	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition Deacon	NAME Henry L Robinson (D)
STREET ADDRESS 1420 Windorah Way #A	CITY-ST-ZIP W P B FL 33411	1.2 NAME	1.3 STREET ADDRESS 4558 Gulfstream Rd
TITLE <input type="checkbox"/> DELETE Minister of Music	NAME David Benjamin (T)	1.4 CITY-ST-ZIP LK Worth FL 33461	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition Deacon
STREET ADDRESS 1298 Brandywine Dr	CITY-ST-ZIP W P B FL 33417	2.2 NAME Dale Johnson (T)	2.3 STREET ADDRESS 616 8th St #5
TITLE <input type="checkbox"/> DELETE Lead Servant of Women Dept	NAME Para L Doyle	2.4 CITY-ST-ZIP W P B FL 33407	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition Verma Johnson
STREET ADDRESS 515 W 2nd St	CITY-ST-ZIP Riviera Bch FL 33404	3.2 NAME	3.3 STREET ADDRESS 616 8th St #5
TITLE <input type="checkbox"/> DELETE Financial Treasurer	NAME Pauline Nugent Dwyer (B)	3.4 CITY-ST-ZIP W P B FL 33407	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1420 Windorah Way #A	CITY-ST-ZIP W P B FL	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE Church Secretary	NAME Tanya Ward (D)	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1298 Brandywine Dr	CITY-ST-ZIP W P B FL 33417	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE Asst Pastor	NAME Shirley Doyle Robinson (D)	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4558 Gulfstream Rd	CITY-ST-ZIP LK Worth FL 33401	6.2 NAME	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Jones Dorothy Jones 2-10-99 501-655-4029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)