

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000000982**

1. Entity Name

**RIVERS OF LIVING WATER DELIVERANCE MINISTRIES IN**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90057 044 \*\*\*\*61.25

Principal Place of Business

2103 N. DIXIE HWY  
 WEST PALM BEACH FL 33407

Mailing Address

8056  
 P O BOX 8656  
 WEST PALM BEACH FL 33407-0656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2103 N. Dixie Hwy  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 8056  
 Suite, Apt. #, etc.

City & State

West palm Bch. FL

City & State

West palm Bch. FL

4. FEI Number

65-0811439

Applied For

Not Applicable

Zip

33407

Country

USA

Zip

33407

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DOROTHY H  
 1420 WINDORAH WAY #A  
 WEST PALM BEACH FL 33411

710 executive ctr dr  
 # 8-25  
 W.P.B. FL 33401

7. Name and Address of New Registered Agent

Name: Dorothy H Jones  
 Street Address (P.O. Box Number is Not Acceptable): 710 executive Center Dr # 8-25  
 City: West palm Bch FL  
 Zip Code: 33401

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: Dorothy H Jones  
 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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | JONES, DOROTHY H         |                                 |
| STREET ADDRESS | 1420 WINDORAH WAY #A     |                                 |
| CITY-ST-ZIP    | WEST PALM BCH FL 33491   |                                 |
| TITLE          | MMT                      | <input type="checkbox"/> Delete |
| NAME           | BENJAMIN, DAVID          |                                 |
| STREET ADDRESS | 1298 BRANDYWINE DR       |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33417 |                                 |
| TITLE          | FT                       | <input type="checkbox"/> Delete |
| NAME           | DUYER, PAULINE N         |                                 |
| STREET ADDRESS | 1420 WINDORAH WAY #B     |                                 |
| CITY-ST-ZIP    | WEST PALM BCH FL 33491   |                                 |
| TITLE          | CSD                      | <input type="checkbox"/> Delete |
| NAME           | WARD, TANYA              |                                 |
| STREET ADDRESS | 1298 BRANDYWINE DR       |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33417 |                                 |
| TITLE          | APD                      | <input type="checkbox"/> Delete |
| NAME           | ROBINSON, SHIRLEY D      |                                 |
| STREET ADDRESS | 4558 GULFSTREAM RD       |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33461      |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | ROBINSON, HENRY L        |                                 |
| STREET ADDRESS | 4558 GULFSTREAM RD       |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33461      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Jones, Dorothy H            |  |
| STREET ADDRESS | 710 executive ctr Dr # 8-25 |  |
| CITY-ST-ZIP    | W.P.B. FL 33401             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> 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: Dorothy H Jones Dorothy H Jones 561 655-4429  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)