

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90060 047 ****61.25

DOCUMENT # N98000000982

1. Entity Name

RIVERS OF LIVING WATER DELIVERANCE MINISTRIES IN

Principal Place of Business

2109 N. DIXIE HWY
 WEST PALM BEACH FL 33407
 US

Mailing Address

PO BOX 8056
 WEST PALM BEACH FL 33407
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0811439

Applied For

Not Applicable

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

JONES, DOROTHY H
 710 EXECUTIVE CENTER DR
 #8-25
 WEST PALM BEACH FL 33411

Name

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

City

FL

Zip Code

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 (pd)

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 PD Delete
 NAME JONES, DOROTHY H
 STREET ADDRESS 710 EXECUTIVE CTR DR #8-25
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MMT Delete
 NAME BENJAMIN, DAVID
 STREET ADDRESS 1298 BRANDYWINE DR
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE FT Delete
 NAME DUYER, PAULINE N
 STREET ADDRESS 1420 WINDORAH WAY #B
 CITY-ST-ZIP WEST PALM BCH FL 33491

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CSD Delete
 NAME WARD, TANYA
 STREET ADDRESS 1298 BRANDYWINE DR
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE APD Delete
 NAME ROBINSON, SHIRLEY D
 STREET ADDRESS 4558 GULFSTREAM RD
 CITY-ST-ZIP LAKE WORTH FL 33461

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME ROBINSON, HENRY L
 STREET ADDRESS 4558 GULFSTREAM RD
 CITY-ST-ZIP LAKE WORTH FL 33461

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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13-01 561 655-4429

Date Daytime Phone #

CR2E037 (10/00)