

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000982

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: RIVERS OF LIVING WATER DELIVERANCE MINISTRIES INC.

**Current Principal Place of Business:**

2749 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8056  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-0811439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, DOROTHY H  
1006 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409 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: PD ( ) Delete  
Name: JONES, DOROTHY H  
Address: 1006 THE POINTE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MMT ( ) Delete  
Name: BENJAMIN, DAVID  
Address: 1566 QUAIL DRIVE #9  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: FT ( ) Delete  
Name: DUYER, PAULINE N  
Address: P.O. BOX 221092  
City-St-Zip: WEST PALM BCH, FL 33422

Title: CSD ( ) Delete  
Name: WARD, TANYA  
Address: 1566 QUAIL DRIVE #9  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: APD ( ) Delete  
Name: JOHNSON, MICHELL  
Address: 4214 ROSS ROAD  
City-St-Zip: LAKE WORTH, FL 33461

Title: TD ( ) Delete  
Name: JOHNSON, WILFRED  
Address: 4214 ROSS ROAD  
City-St-Zip: LAKE WORTH, FL 33461

**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  
Name:  
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: DOROTHY JONES

PD

02/07/2005

Electronic Signature of Signing Officer or Director

Date