

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000982

FILED
Mar 22, 2008
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 (X)

Name and Address of Current Registered Agent:

JONES, DOROTHY H
5040 50TH WAY
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
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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 exemption stated in Chapter 119, 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 H. JONES

PD

03/22/2008

Electronic Signature of Signing Officer or Director

Date