

**2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2014  
Secretary of State**

DOCUMENT# N98000000982

**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:**

1957 BRANDYWINE ROAD  
108  
WEST PALM BEACH, FL 33409 US

**Current Mailing Address:**

PO BOX 8056  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

1957 BRANDYWINE ROAD  
108  
WEST PALM BEACH, FL 33409 US

**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  
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: DOROTHY H JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JONES, DOROTHY H  
Address: 5040 50TH WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MMT  
Name: JONES, DOROTHY H  
Address: 5040 50TH WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: FT  
Name: JONES, DOROTHY H  
Address: 5040 50TH WAY  
City-St-Zip: WEST PALM BCH, FL 33422

Title: CSD  
Name: JONES, DOROTHY H  
Address: 5040 50TH WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY H JONES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/09/2014

\_\_\_\_\_  
Date