

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90146 017 \*\*\*\*61.25

**DOCUMENT # N98000000982**  
1. Entity Name  
**RIVERS OF LIVING WATER DELIVERANCE MINISTRIES IN C.**



Principal Place of Business  
**2103 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  
**2749 Exchange Court**  
Suite, Apt. #, etc. **J**

3. Mailing Address  
**P.O. Box 8056**  
Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33409** Country  
**U.S.A.**

Zip  
**33407** Country  
**U.S.A.**

4. FEI Number **65-0811439** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**JONES, DOROTHY H  
710 EXECUTIVE CENTER DR  
#8-25  
WEST PALM BEACH FL 33411**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, DOROTHY H</b>	
STREET ADDRESS	<b>710 EXECUTIVE CTR DR #8-25</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>MMT</b>	<input type="checkbox"/> Delete
NAME	<b>BENJAMIN, DAVID</b>	
STREET ADDRESS	<b>1298 BRANDYWINE DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>FT</b>	<input type="checkbox"/> Delete
NAME	<b>DUYER, PAULINE N</b>	
STREET ADDRESS	<b>1420 WINDORAH WAY #B</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL 33491</b>	
TITLE	<b>CSD</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, TANYA</b>	
STREET ADDRESS	<b>1298 BRANDYWINE DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>APD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, SHIRLEY D</b>	
STREET ADDRESS	<b>4558 GULFSTREAM RD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, HENRY L</b>	
STREET ADDRESS	<b>4558 GULFSTREAM RD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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* **561-687-8227**

CR2E037 (10/02)