

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000982

Entity Name: RIVERS OF LIVING WATER DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

2749 EXCHANGE COURT
WEST PALM BEACH, FL 33409

Current Mailing Address:

PO BOX 8056
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0811439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, DOROTHY H
5040 50TH WAY
WEST PALM BEACH, FL 33409 US

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

Officer/Director Detail :

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

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

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

Title CSD
Name JONES, DOROTHY H
Address 5040 50TH WAY
City-State-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

PD

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date