

FILE NOW: FILING FEE AFTER MAY 1 IS \$11.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723434 (7)
 1. Corporation Name
LIVING WATERS CHRISTIAN FELLOWSHIP INC. OF FERNANDINA BEACH FLORIDA

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 APR 12 PM 12:15

Principal Place of Business CH. FLORIDA 134 OLD CHURCH ST FERNANDINA BEACH FL 32034	Mailing Address CH. FLORIDA 134 OLD CHURCH ST FERNANDINA BEACH FL 32034
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1972	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1819683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 134 OLD CHURCH ST	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State FERNANDINA BCH, FL	28 City & State
24 Zip 32034	25 Country nassau
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MERTZ, REBECCA
1835 ELLIS LANDING RD
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name MERTZ, REBECCA
82 Street Address (P.O. Box Number is Not Acceptable) 1635 ELLIS LANDING RD
83
84 City FERNANDINA BEACH FL
85 Zip Code FL 32034

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rebecca Mertz Rebecca E Mertz 4-4-95
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE VD	GOYETTE, ROBERT ROSES BLUFF RD FERN BCH. FL
TITLE STD	TEASTER, M.W. RT. 2, BOX 243-C YULEE FL
TITLE D	MERTZ, REBECCA 1635 ELLIS LANDING RD FERNANDINA BEACH FL 32034
TITLE D	HALL, THOMAS G. ROSES BLUFF RD YULEE FL
TITLE PD	WILKES, JAMES ROSES BLUFF ROAD YULEE FL
TITLE D	DUNKLE, JUDY F 134 RADIO AVE YULEE FL 32097

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME MYER, ERIC	
53 STREET ADDRESS ROSES BLUFF ROAD	
54 CITY - ST - ZIP YULEE FL	
61 TITLE DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J Goyette 4-4-95 (904) 321-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)