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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723434

1. Corporation Name
LIVING WATERS CHRISTIAN FELLOWSHIP INC. OF FERNANDINA BEACH FLORIDA

Principal Place of Business 134 OLD CHURCH ST FERNANDINA BEACH FL 32034 US	Mailing Address CH. FLORIDA 134 OLD CHURCH ST FERNANDINA BEACH FL 32034
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/17/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3389015
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

MERTZ, REBECCA
 1635 ELLIS LANDING RD
 FERNANDINA BEACH FL 32034

Rebecca E. Mertz 1-12-99

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Rebecca E. Mertz* DATE 1-12-99

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOYETTE, ROBERT	
STREET ADDRESS	ROSES BLUFF RD	
CITY-ST-ZIP	FERN BCH. FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TEASTER, M.W.	
STREET ADDRESS	RT. 2, BOX 243-C	
CITY-ST-ZIP	YULEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERTZ, REBECCA	
STREET ADDRESS	1635 ELLIS LANDING RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYER, ERIC	
STREET ADDRESS	ROSES BLUFF ROAD	
CITY-ST-ZIP	YULEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3108 Roses Bluff Rd.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Robert J. Goyette* DATE: 1-12-99 DAYTIME PHONE #: 904-321-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)