

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90270 031 \*\*\*\*61.25

0006372

**DOCUMENT # 723434**

1. Entity Name

**LIVING WATERS WORLD OUTREACH CENTER INC. OF FERN**

Principal Place of Business

Mailing Address

134 OLD CHURCH ST  
 FERNANDINA BEACH FL 32034  
 US

CH. FLORIDA  
 134 OLD CHURCH ST  
 FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3389015**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERTZ, REBECCA**  
**1635 ELLIS LANDING RD**  
**FERNANDINA BEACH FL 32034**

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.

SIGNATURE

*Rebecca Mertz*      *Rebecca Mertz*

*1-29-01*

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOYETTE, ROBERT	
STREET ADDRESS	3108 ROSES BLUFF RD.	
CITY-ST-ZIP	FERN BGM FL Yulee, FL 32097	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TEASTER, M.Wayne	
STREET ADDRESS	<del>RT. 2, BOX 2136</del> 1722 Raddin Road	
CITY-ST-ZIP	<del>YULEE FL 32097</del>	
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 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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: *Rebecca Mertz*      *Rebecca Mertz*      *1-29-01*      *(904)261-3538*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)