

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766350 (3)

1. Corporation Name  
LIVING WATERS, INC.



Principal Place of Business  
4880 HWY. 20. E.  
P.O.BOX 5040.BLUEWATER BAY  
NICEVILLE FL 32578-5040

Mailing Address  
4880 HWY. 20. E.  
P.O.BOX 5040.BLUEWATER BAY  
NICEVILLE FL 32578-5040

3. Date Incorporated or Qualified 12/29/1982  
3a. Date of Last Report 05/14/1996

2. Principal Place of Business  
21 170 INDIAN BAY DRIVE  
Suite, Apt. #, etc.  
22  
City & State  
23 FREEPORT FL  
Zip Country  
24 32439 25 USA

2a. Mailing Address  
26 P.O. BX 5040  
Suite, Apt. #, etc.  
27  
City & State  
28 NICEVILLE FL  
Zip Country  
29 32578 30 USA

4. FEI Number 59-2347802  
Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

6. Name and Address of Current Registered Agent  
HODGES, DONALD E  
4880 HWY. 20, E.  
NICEVILLE FL 32578-2040

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGES, DONALD E	1.2 NAME	
STREET ADDRESS	4880 HWY. 20, E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, PATRICIA C	2.2 NAME	
STREET ADDRESS	4880 HWY. 20, E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, JEANNIE	3.2 NAME	
STREET ADDRESS	700 KUMQUAT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3-3-97 Daytime Phone # 904-243-2513

CR2E037 (9/96)