

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90286 035 \*\*\*\*61.25

**DOCUMENT # 766350**

1. Entity Name  
**LIVING WATERS, INC.**

Principal Place of Business <b>170 INDIAN BAY DRIVE          FREEPORT FL 32439          US</b>	Mailing Address <b>P.O. BOX 5040          NICEVILLE FL 32578          US</b>
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<del>2. Principal Place of Business</del>		<del>3. Mailing Address</del>		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2347802</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HODGES, DONALD E          4880 HWY. 20, E.          NICEVILLE FL 32578-2040</b>			7. Name and Address of New Registered Agent		
			Name <b>DONALD E. HODGES</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>170 INDIAN BAY DR.</b>		
			City <b>FREEPORT</b>		FL Zip Code <b>32439</b>

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: **DONALD E. HODGES** DATE: **4-2-02**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGES, DONALD E		NAME		
STREET ADDRESS	170 INDIAN BAY DR		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, PATRICIA C		NAME		
STREET ADDRESS	170 INDIAN BAY DR		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, JEANNIE		NAME		
STREET ADDRESS	700 KUMQUAT AVE.		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **DONALD E. HODGES PRES** DATE: **4-8-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)