

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# 766350

Entity Name: LIVING WATERS, INC.

Current Principal Place of Business:

170 INDIAN BAY DRIVE
FREEPORT, FL 32439 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5040
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2347802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, DONALD E
170 INDIAN BAY DR
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOGES, DONALD E
Address: 170 INDIAN BAY DR
City-St-Zip: FREEPORT, FL 32439

Title: VD () Delete
Name: HODGES, PATRICIA C
Address: 170 INDIAN BAY DR
City-St-Zip: FREEPORT, FL 32439

Title: T () Delete
Name: LAMBERT, DONNA
Address: 1718 23RD ST
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD EARL HODGES

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date