

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90098 044 ****61.25

DOCUMENT # 766350

1. Entity Name

LIVING WATERS, INC.



Principal Place of Business

**170 INDIAN BAY DRIVE
FREEPORT FL 32439
US**

Mailing Address

**P.O. BOX 5040
NICEVILLE FL 32578
US**

11008907



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2347802**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME HOGES, DONALD E
STREET ADDRESS 170 INDIAN BAY DR.
CITY-ST-ZIP FREEPORT FL 32439

TITLE **TREASURER** Change Addition
NAME **DONNA POWERS**
STREET ADDRESS **1715 23rd ST.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE VD Delete
NAME HODGES, PATRICIA C
STREET ADDRESS 170 INDIAN BAY DR
CITY-ST-ZIP FREEPORT FL 32439

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD Delete
NAME FARMER, JEANNIE
STREET ADDRESS 700 KUMQUAT AVE.
CITY-ST-ZIP NICEVILLE FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** Delete
NAME **Do**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

[Handwritten Signature]

4-21-03

850-243-7513

CR2E037 (10/02)