

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90106 014 \*\*\*\*61.25

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000000646</b>                                    |  |
| 1. Entity Name<br><b>CAITLIN GRACE ALBURY MEMORIAL FUND, INC.</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>6401 LYONS ROAD<br/>COCONUT CREEK, FL 33073</b> | Mailing Address<br><b>6401 LYONS ROAD<br/>COCONUT CREEK, FL 33073</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

**40080811**



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

04222008 Chg-NP CR2E037 (12/06)

|                                        |                                                        |
|----------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|----------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                            |  |                                                    |          |
|----------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent        |          |
| <b>PRICE, DAVID T ESQ.<br/>6401 LYONS ROAD<br/>COCONUT CREEK, FL 33073</b> |  | Name                                               |          |
|                                                                            |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                            |  | City                                               |          |
|                                                                            |  | <b>FL</b>                                          | 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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--------------------------------------------------------------|------------|

|                                                     |                                                                                     |                                    |                                                              |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PRICE, DAVID T</b><br><b>6401 LYONS RD.</b><br><b>COCONUT CREEK, FL 33073</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALBURY, JANET</b><br><b>MARSH HARBOUR GREAT ABACO</b><br><b>THE BAHAMAS.</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Maingot, Rhonda</b><br><b>109 Frederick St.</b><br><b>Port of Spain Trinidad</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALBURY, MOLLIE</b><br><b>MARSH HARBOUR GREAT ABACO</b><br><b>THE BAHAMAS.</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Hammelsmith Timothy</b><br><b>Eleven Albion Lane</b><br><b>Port of Spain Trinidad</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALBURY, DAREN</b><br><b>MARSH HARBOUR GREAT ABACO</b><br><b>THE BAHAMAS.</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Scott, Everard</b><br><b>6288 Lakeshore Dr.</b><br><b>Margate, FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>STRATTON, KEITH</b><br><b>MARSH HARBOUR GREAT ABACO</b><br><b>THE BAHAMAS.</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>deVerteuil, Raymond</b><br><b>4618 Drake Falls Ct.</b><br><b>Katy, TX 77450</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RUSSELL, GURTH</b><br><b>MARSH HARBOUR GREAT ABACO</b><br><b>THE BAHAMAS.</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Scott, Andrew</b><br><b>16635 Aldenham Pl.</b><br><b>Spring, TX 77379</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

|                                                                                                        |                       |                |                     |
|--------------------------------------------------------------------------------------------------------|-----------------------|----------------|---------------------|
| <b>SIGNATURE:</b>  | <b>DAVID T. PRICE</b> | <b>4-22-08</b> | <b>954-421-9399</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                     |                       | Date           | Daytime Phone #     |

ATTACHMENT

40080811

DAVID T. PRICE

ATTORNEY AT LAW

6401 LYONS ROAD

COCONUT CREEK, FLORIDA 33073

TELEPHONE (954) 421-9399

FAX (954) 596-4021

April 22, 2008

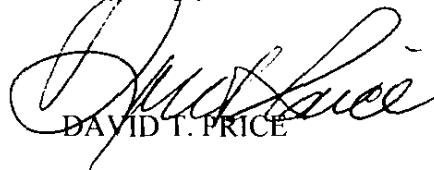
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Caitlin Grace Albury Memorial Fund, Inc.  
N03000000646

Dear Florida Dept of State Division of Corporations:

Please note that there is pending Articles of Amendment in the above-captioned corporation changing the name to Living Water Community, Inc. and please further note that there is pending Articles of Dissolution for the old corporation, Living Water Community, Inc. and the old corporation has consented to the use of the name, Living Water Community, Inc. in the Articles of Amendment submitted by Caitlin Grace Albury Memorial Fund, Inc.

Very truly yours,



DAVID T. PRICE

/db  
Enclosures