


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90040 009 ****70.00

DOCUMENT # N03000007926					
1. Entity Name GOSPEL OF THEE LIVING WATER MINISTRY INCORPORATED					
Principal Place of Business 726 NE WASHINGTON ST. LAKE CITY, FL 32055			Mailing Address 726 NE WASHINGTON ST. LAKE CITY, FL 32055		
2. Principal Place of Business <i>Same as above</i>			3. Mailing Address <i>Same as above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWTON, MARILYN 127 SW FALCON CT LAKE CITY, FL 32024				Name <i>Nelson Marilyn</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>127 Sw Falcon Ct</i>	
				City <i>Lake City</i> FL Zip Code <i>32024</i>	
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 <i>Marilyn Nelson</i> <i>Marilyn Nelson</i> <i>8-12-05</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, MARILYN			NAME	<i>Nelson Marilyn</i>
STREET ADDRESS	127 SW FALCON ST			STREET ADDRESS	<i>127 sw Falcon ct.</i>
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP	<i>Lake city FL 32024</i>
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	NEWTON, JALONY			NAME	
STREET ADDRESS	127 SW FALCON CT			STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	BELL, PAMELA S			NAME	
STREET ADDRESS	127 SW FALCON CT			STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<i>Nelson Joe</i>
STREET ADDRESS				STREET ADDRESS	<i>127 sw Falcon ct</i>
CITY-ST-ZIP				CITY-ST-ZIP	<i>Lake city FL 32024</i>
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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: <i>Marilyn Nelson</i> <i>Marilyn Nelson</i> <i>8-12-05 (386) 255-7039</i>					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					

