2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007981

Title:

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Name:

Address:

City-St-Zip:

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SD

() Delete O'BRIEN-RICHEY, PATRICIA

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7188 BURGESS DR.

GATES, STEVEN

907 E. 15TH ST.

GATES, JUDY

907 E. 15TH ST.

JASPER, IN 47564

JASPER, IN 47564

LAKE WORTH, FL 33467

Entity Name: LIVING WATERS MINISTRIES INC.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 307 KNOTTY PINE CIR. C-1 LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 307 KNOTTY PINE CIR. C-1 LAKE WORTH, FL 33463 FEI Number: 26-0098366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCLAUGHLIN, LUZ K 307 KNOTTY PINE CIR. C-1 LAKE WORTH, FL 33463 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCLAUGHLIN, LUZ K MCLAUGHLIN, LUZ K Name: Name: 307 KNOTTY PINE CIR. C-1 Address: 307 KNOTTY PINE CIR. C-1 Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 Title: () Delete Title: () Change () Addition MCLAUGHLIN, WILLIAM S Name: Name: Address: 146 LAMANCHA AVE. Address: City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition NICHOAS, MICHAEL Name: Name: 5958 BAY HILL CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip:

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

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

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City-St-Zip:

Name:

Address:

City-St-Zip:

SD

HUERTAS, PATRICE

DAVIS. SHERLENE D

149 NOTTINGHAM PLACE

BOYNTON BEACH, FL 33426

17663 ORANGE GROVE BLVD

LOXAHATCHEE, FL 33470

(X) Change () Addition

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(X) Change () Addition

SIGNATURE: LUZ MCLAUGHLIN PD 04/14/2006