

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012574

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: LIVING WATER 4 ROATAN, INC.

**Current Principal Place of Business:**

7054 MADRID AVENUE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

7054 MADRID AVENUE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 20-4201515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIZEMORE, MARK  
7054 MADRID AVENUE  
JACKSONVILLE, FL 32217 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: ZITTROWER, EDWIN H  
Address: 4592 MISTY DAWN COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD ( ) Delete  
Name: ZITTROWER, EDWIN J  
Address: 4592 MISTY DAWN COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD ( ) Delete  
Name: ZITTROWER, FRANCES  
Address: 4592 MISTY DAWN COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32277

Title: STD ( ) Delete  
Name: SIZEMORE, MARK  
Address: 7054 MADRID AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ZITTROWER, EDWIN H  
Address: PO BOX 550581  
City-St-Zip: JACKSONVILLE, FL 322550581

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

Title: VD (X) Change ( ) Addition  
Name: ZITTROWER, FRANCES  
Address: PO BOX 550581  
City-St-Zip: JACKSONVILLE, FL 322550581

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: MARK F SIZEMORE

STD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date