

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05245 (8)

1. Corporation Name

LIVING WATER MINISTRIES OF JACKSONVILLE, INC.

Principal Place of Business

5228 DUGDALE ROAD
JACKSONVILLE FL 32210

Mailing Address

5228 DUGDALE ROAD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/20/1984** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-2480926** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **6459 Ballejo Ct. North** 26 **6459 Ballejo Ct. North**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
Jacksonville, FL **Jacksonville, FL**

24 Zip 25 Country 29 Zip 30 Country
32210 **Duval** **32210** **Duval**

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HOUSE, RONALD K REV.
5228 DUGDALE ROAD
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name **House, Ronald K., Reverend**
82 Street Address (P.O. Box Number is Not Acceptable) **6459 Ballejo Ct North**
83
84 City **Jacksonville** FL 85 Zip Code **32210**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Ronald K. House DATE 4/17/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, REV. RONALD K.	1.2 NAME	
STREET ADDRESS	5228 DUGDALE RD	1.3 STREET ADDRESS	6459 Ballejo Court North
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Jacksonville, FL 32210
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, EDWARD	2.2 NAME	
STREET ADDRESS	3848 ORLANDO CIR. W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, MARTHA C	3.2 NAME	
STREET ADDRESS	5228 DUGDALE RD.	3.3 STREET ADDRESS	6459 Ballejo Court North
CITY - ST - ZIP	JACKSONVILLE FL 32210	3.4 CITY - ST - ZIP	Jacksonville, FL 32210
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald K. House DATE: 4/17/95 (904) 777-9573
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR