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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05245 (8)

1. Corporation Name
LIVING WATER MINISTRIES OF JACKSONVILLE, INC.



Principal Place of Business 6459 BALLEJO CT NORTH JACKSONVILLE FL 32210 US	Mailing Address 6459 NORTH BALLEJO COURT JACKSONVILLE FL 32210-5037 US
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3. Date Incorporated or Qualified 09/20/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 4315 Fender Ct.	2a. Mailing Address 26 4315 Fender Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32210	Country 25 Duval
Zip 29 32210	Country 30 Duval

4. FEI Number 59-2480926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOUSE, REV. RONALD K.
6459 NORTH BALLEJO COURT
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME HOUSE, REV. RONALD K.	<input type="checkbox"/> DELETE
STREET ADDRESS 6459 NORTH BALLEJO COURT	CITY - ST - ZIP JACKSONVILLE FL	
TITLE STD	NAME CUMMINGS, EDWARD	<input type="checkbox"/> DELETE
STREET ADDRESS 3846 ORLANDO CIR. W.	CITY - ST - ZIP JACKSONVILLE FL 32207	
TITLE VD	NAME HOUSE, MARTHA C	<input type="checkbox"/> DELETE
STREET ADDRESS 6459 NORTH BALLEJO COURT	CITY - ST - ZIP JACKSONVILLE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME House, Rev Ronald K	
1.3 STREET ADDRESS 4315 FENDER CT	
1.4 CITY - ST - ZIP JACKSONVILLE, FL 32210	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE V. P. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME House, Martha C	
3.3 STREET ADDRESS 4315 Fender Ct,	
3.4 CITY - ST - ZIP JACKSONVILLE FL	32210
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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.

CR2E037 (9/96)