

0005270

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

RECEIVED
 COMMERCE PM 3:26
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DOCUMENT # N05245
 1. Corporation Name
LIVING WATER MINISTRIES OF JACKSONVILLE, INC.

Principal Place of Business
 4315 FENDER CT
 JACKSONVILLE FL 32210
 US

Mailing Address
 4315 FENDER CT
 JACKSONVILLE FL 32210
 US



21	2. Principal Place of Business Suite, Apt. #, etc.	22	2a. Mailing Address Suite, Apt. #, etc.	3.	Date Incorporated or Qualified 09/20/1984
23	23 City & State	27	27 City & State	4.	FEI Number 59-2480926
24	24 Zip	28	28 Zip	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	25 Country	29	29 Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HOUSE, RONALD K REV 4315 FENDEX CT JACKSONVILLE FL 32210			81	Name Rev. Ronald K. House	
			82	Street Address (P.O. Box Number is Not Acceptable) 4315 Fender Ct.	
			83		
			84	City Jacksonville	85 Zip Code 32210

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, REV. RONALD K.	1.2 NAME	
STREET ADDRESS	4315 FENDER CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, EDWARD	2.2 NAME	
STREET ADDRESS	3846 ORLANDO CIR. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, MARTHA C	3.2 NAME	
STREET ADDRESS	4315 FENDER CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Rev. Ronald K. House DATE: 3/23/94 DAYTIME PHONE: 904-777-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (1/89)