

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-10-2002 90037 012 ****70.00

DOCUMENT # NO 5245

1. Entity Name
LIVING WATER MINISTRIES OF JACKSONVILLE INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business LIVING WATER MINISTRY INC		3. Mailing Address LIVING WATER MINISTRY	
Suite, Apt. #, etc. 8362 Kipling CT		Suite, Apt. #, etc. 8362 KIPLING CT	
City & State Jacksonville Florida		City & State Jacksonville, Florida	
Zip 32244	Country Orval	Zip 32244	Country Orval

4. FEI Number 69-2480926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Ronald K. House	
Street Address (P.O. Box Number is Not Acceptable) 8362 Kipling Court	
City Jacksonville	FL Zip Code 32244

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME RONALD K. HOUSE	STREET ADDRESS 8362 KIPLING CT	CITY-ST-ZIP JACKSONVILLE, FL 32244
TITLE Vice-President	NAME MARTHA C. HOUSE	STREET ADDRESS 8362 KIPLING CT	CITY-ST-ZIP JACKSONVILLE FL 32244
TITLE Secretary/Treasurer	NAME EDWARD CUMMINGS	STREET ADDRESS 3846 ORLANDO CIR W EST	CITY-ST-ZIP JACKSONVILLE, FL 32207
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald K. House** **Ronald K. House President** **4/10/02** **(904) 777-9562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/01)