


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90018 001 \*\*\*\*61.25

<b>DOCUMENT # N07000010824</b>					
1. Entity Name WELL OF LIVING WATER MINISTRY INC					
Principal Place of Business 7520 NW 47TH AVE. COCONUT CREEK, FL 33073			Mailing Address 7520 NW 47TH AVE. COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-1190733</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROCOURT, SYLVIO 7520 NW 47TH AVE. COCONUT CREEK, FL 33073			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>Gerald Clerie</i>		(NOTE: Registered Agent signature required when reappointing)		DATE <b>02-19-08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLERIE, GERALD		NAME		
STREET ADDRESS	6806 NW 74TH PL.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCOURT, SYLVIO		NAME		
STREET ADDRESS	4721 NW 30TH ST.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARRIEUX, JESSIE		NAME		
STREET ADDRESS	23237 SW 61ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, EMILE		NAME		
STREET ADDRESS	5360 NW 49TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EATON, PATRICIA		NAME		
STREET ADDRESS	3756 CORAL TREE CIR.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gerald Clerie</i>		GERALD CLERIE, PRESIDENT		DATE <b>02-19-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	