2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010824

Entity Name: WELL OF LIVING WATER MINISTRY INC

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10240 W SAMPLE ROAD CORAL SPRINGS, FL 33065				10235 W SAMPLE ROAD CORAL SPRINGS, FL 33065			
Current Mailing Address:				New Mailing Address:			
10240 W SAMPLE ROAD CORAL SPRINGS, FL 33065				10235 W SAMPLE ROAD CORAL SPRINGS, FL 33065			
FEI Number:	26-1190733	FEI Number Applied For ()	FEI Number	Not Appli	icable () Certifi	cate of Status Desired (X)	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
MARTIN, EMILE 10240 W SAMPLE ROAD CORAL SPRINGS, FL 33065 US				MARTIN, EMILE 10235 W SAMPLE ROAD CORAL SPRINGS, FL 33065 US			
The above in the State		ubmits this statement for the pur	rpose of cha	anging it	s registered office or	registered agent, or both,	
SIGNATURE: EMILE MARTIN						02/25/2009	
	Electroni	c Signature of Registered Agent	t			Date	
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I CLERIE, GERAL 6606 NW 74TH F TAMARAC, FL 3	PL.			()Change	e () Addition	
Title: Name: Address: City-St-Zip:	REYES-NICHOL 1217 SW 81ST	*			VP (X) Change CLERIE, PAUL 7520 NW 47TH AVENU COCONUT CREEK, FL		
Title: Name: Address: City-St-Zip:	D () LARRIEUX, JES 23237 SW 61ST BOCA RATON, F	AVE.			T (X) Change CLERIE, JAMES 1425 NW 66TH AVENU MARGATE, FL 33063	e()Addition E	
Title: Name: Address: City-St-Zip:	D () MARTIN, EMILE 5360 NW 49TH A COCONUT CREI				SD (X) Change MARTIN, EMILE 5360 NW 49TH AVE. COCONUT CREEK, FL	e () Addition	
Title: Name: Address: City-St-Zip:	T (X) CLERIE, JEAN-F 10240 W SAMPI CORAL SPRING	.E RD			()Change	e () Addition	
Title: Name: Address: City-St-Zip:	VP (X) CLERIE, PAUL 7520 NW 47TH A COCONUT CREI				()Change	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILE MARTIN SD 02/25/2009