

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010824

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** WELL OF LIVING WATER MINISTRY INC

**Current Principal Place of Business:**

10235 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

10235 W SAMPLE ROAD  
SUITE 206  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10235 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

10235 W SAMPLE ROAD  
SUITE 206  
CORAL SPRINGS, FL 33065

FEI Number: 26-1190733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTIN, EMILE  
10235 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

MARTIN, EMILE P  
10235 W SAMPLE ROAD  
SUITE 206  
CORAL SPRINGS, FL 33065 US

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: EMILE MARTIN

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLERIE, GERALD  
Address: 6606 NW 74TH PL.  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: CLERIE, PAUL  
Address: 7520 NW 47TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: T  
Name: CLERIE, JAMES  
Address: 1425 NW 66TH AVENUE  
City-St-Zip: MARGATE, FL 33063

Title: SD  
Name: MARTIN, EMILE  
Address: 5360 NW 49TH AVE.  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: EMILE MARTIN

SD

02/23/2010

Electronic Signature of Signing Officer or Director

Date