

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N09211

(6)

1. Corporation Name

SPRINGS OF LIVING WATER, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/09/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2373846** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$0.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent

**BLANTON, ANN M.
170 FECCO
COCOA FL 32927**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLANTON, ANN M	1.2 NAME	
STREET ADDRESS	170 FECCO	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BLANTON, JOHN	2.2 NAME	
STREET ADDRESS	170 FECCO	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	2.4 CITY - ST - ZIP	
TITLE	SCD	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, PATRICIA	3.2 NAME	
STREET ADDRESS	230 SALDON LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	3.4 CITY - ST - ZIP	
TITLE	Y	4.1 TITLE	☐ Change ☐ Addition
NAME	HURST, NANETTE	4.2 NAME	
STREET ADDRESS	1116 WESTVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE:

Ann M. Blanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1995

DATE

Day, Date, Time

632-4275