

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000000205 (2)
 1. Corporation Name
LIVING WATERS ASSEMBLY OF GOD, INC.



Principal Place of Business 1580 BLUFF ROAD APALACHICOLA FL	Mailing Address 1580 BLUFF ROAD APALACHICOLA FL 32320-1012
---	--

3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
4. FEI Number 59-3340068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**LONG, LOIS
1580 BLUFF ROAD
APALACHICOLA FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (N/A - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES ALFRED NEWELL
1.3 STREET ADDRESS	BROWNSVILLE ROAD
1.4 CITY-ST-ZIP	APALACHICOLA, FL 32320
2.1 TITLE	D/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN EVERETT NASH
2.3 STREET ADDRESS	93 APALACHEE STREET
2.4 CITY-ST-ZIP	APALACHICOLA, FL 32320
3.1 TITLE	D/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH CECIL VARNES
3.3 STREET ADDRESS	BROWNSVILLE ROAD
3.4 CITY-ST-ZIP	APALACHICOLA, FL 32320
4.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LOIS LONG
4.3 STREET ADDRESS	252 4TH STREET-GA
4.4 CITY-ST-ZIP	APALACHICOLA, FL 32320
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lois E. Long** **REQUIRED** **01/29/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)