


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90050 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000205**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 01/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3340068
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LONG, LOIS 1580 BLUFF ROAD APALACHICOLA FL		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 Lois Long, Minister Lois Long 4-2-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, JAMES ALFRED	1.2 NAME	
STREET ADDRESS	BROWNSVILLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL 32320	1.4 CITY-ST-ZIP	
TITLE	DTR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, JOHN E	2.2 NAME	
STREET ADDRESS	93 APALACHEE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL 32320	2.4 CITY-ST-ZIP	
TITLE	DTR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNES, JOSEPH	3.2 NAME	
STREET ADDRESS	BROWNSVILLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL 32320	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, LOIS	4.2 NAME	
STREET ADDRESS	252 4TH STREET-GA	4.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL 32320	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Lois Long Lois Long 4-2-99 850-653-8786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/1/98)