

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP -8 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/11/1996
City & State	City & State	4. FEI Number
Zip	Country	59-3340068
		Applied For
		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

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 9-2-2000  
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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, JOHN E	2.2 NAME	DTR Lindsey Cleve
STREET ADDRESS	93 APALACHEE STREET	2.3 STREET ADDRESS	Box 161 Samatra, FL 32335
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	600003419756-0
STREET ADDRESS	BROWNSVILLE ROAD	3.3 STREET ADDRESS	10/09/00-01105-008
CITY-ST-ZIP	APALACHICOLA FL 32320	3.4 CITY-ST-ZIP	***\$61.25 ***\$61.25
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)(l), 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.

Lois Long 9-2-2000 850-653-8786

770-2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # N97000006300  
 1. Entity Name  
 CHRIST OF THE SEA FOUNDATION, INC.

FILED  
 00 SEP -8 PM 4:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 7800 113TH ST NORTH STE 203  
 SEMINOLE FL 33708

2. Principal Place of Business 3. Mailing Address  
 13280 4TH STE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 STE 2 STR. 2  
 City & State City & State  
 MADRIDA BEACH, FL MADRIDA BEACH FL  
 Zip Country Zip Country  
 33708 PINELLAS 33708 PINELLAS

*[Handwritten initials]*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 ANDERSON, WILLIAM  
 7700 SEMINOLE BLVD, STE 200  
 SEMINOLE, FL 33772

7. Name and Address of New Registered Agent  
 Name  
 FR CASSIAN NEWTON  
 Street Address (P.O. Box Number is Not Acceptable)  
 13280 4TH ST EAST, STE 2  
 City  
 MADRIDA BEACH FL Zip Code  
 33708

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 FR CASSIAN NEWTON FR Cassian Newton 8/7/00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN	<input type="checkbox"/> Delete
NAME	FR TILIPPEL L. FELSKI	
STREET ADDRESS	300 BLOOMFIELD ST	
CITY-ST-ZIP	HOBOKEN, NJ. 07030-4809	
TITLE	VIC CHAIRMAN	<input type="checkbox"/> Delete
NAME	FR FRANK WILLIAMS	
STREET ADDRESS	8021 BAY WINDS	
CITY-ST-ZIP	SEMINOLE, FL	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	MS JOHANNA AL NEWTON	
STREET ADDRESS	17A HILLSIDE AVE	
CITY-ST-ZIP	HAYRISTON, N.Y. 10927	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VIC CHAIRMAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FR CASSIAN NEWTON	
STREET ADDRESS	13280 4TH ST EAST	
CITY-ST-ZIP	MADRIDA BEACH, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FR Cassian Newton 8/7/00 727-392-3437  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

282

# Christ at the Sea Foundation, Inc.

September 6, 2000

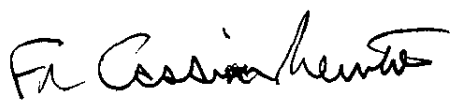
Ms. Kathy Ashton  
Document Specialist  
Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Ashton,

This is to follow up our telephone conversation on September 5, 2000. I have corrected the form by placing "D" in front of the names of the three directors. In addition you asked me to remind you that your letter containing the annual report was returned to you undelivered. Your department had sent it to an old address even though we had informed you of our new address. This fact meant that our check was for the correct amount for restoration of the corporation. I am enclosing the check again.

Thanks for your assistance.

Sincerely,



Fr. Cassian Newton  
Vice Chairman