

DOCUMENT # N96000000205

1. Entity Name

LIVING WATERS ASSEMBLY OF GOD, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90022 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1580 BLUFF ROAD, APALACHICOLA FL
Mailing Address: 1580 BLUFF ROAD, APALACHICOLA FL

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-3340068
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

8. 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: 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

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Delete checkbox. Rows include DT NEWELL, JAMES ALFRED; DTR CLEVE, LINDSEY; DTR VARNES, JOSEPH; DC LONG, LOIS.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. This section is currently empty.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2001 Date 850-653-3321 Daytime Phone #

CR2E037 (10/00)