

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90056 002 ****61.25

0061507

DOCUMENT # N96000000205

1. Entity Name

LIVING WATERS ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

**1580 BLUFF ROAD
 APALACHICOLA FL**

**1580 BLUFF ROAD
 APALACHICOLA FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3340068

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONG, LOIS
 1580 BLUFF ROAD
 APALACHICOLA FL**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
DT	NEWELL, JAMES ALFRED		
	BROWNSVILLE ROAD		
	APALACHICOLA FL 32320		
DTR	CLEVE, LINDSEY		Jimmy Gander Jr.
	BOX 161		P.O. Box 86
	SUMATRA FL 32335		Apalachicola, FL 32329
DTR	VARNES, JOSEPH		
	BROWNSVILLE ROAD		
	APALACHICOLA FL 32320		
DC	LONG, LOIS		
	252 4TH STREET-GA		
	APALACHICOLA FL 32320		

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:

Lois Long
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 850-653-8786

Date

Daytime Phone #

CR2E037 (9/01)