2004 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 19, 2004 08:00 AM DOCUMENT # N96000000205 **Secretary of State** LIVING WATERS ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 1580 BLUFF ROAD 1580 BLUFF ROAD APALACHICOLA, FL APALACHICOLA, FL 01292004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3340068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, NEIL A DO NOT WRITE 1532 LINDEN ROAD APALACHICOLA, FL 32320 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent 2-11-04 DATE SIGNATURE Signature, typed or pointed name of registered agent and title if annily able tNOTE: Registered Appeal signature seguited when reinstation? 9. Election Campaign Financing \$5.00 May Be U000000057830 Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2004 02/20/04-80005-009 61.25 OFFICERS AND DIRECTORS 10. TITLE HANG NEWELL, JAMES ALFRED STREET ADDRESS 356 BROWNSVILLE ROAD CITY-ST-ZIP APALACHICOLA, FL 32329 DTR TITI F NAME GANDER, JIMMY STREET ADDRESS 1493 BLUFF ROAD CITY-ST-ZIP APALACHICOLA, FL 32320 TIFLE DTR HAME GASKILL, THOMAS A STREET ADDRESS 20 CHAPMAN ROAD DO NOT WRITE CITY-ST-ZIP APALACHICOLA, FL 32320 IN THIS SPACE TITLE DC NAME BELL, NEIL A STREET ADDRESS 1532 LINDEN ROAD CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR