


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N96000000205 1. Entity Name LIVING WATERS ASSEMBLY OF GOD, INC.	
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Principal Place of Business 1580 BLUFF ROAD APALACHICOLA, FL	Mailing Address 1580 BLUFF ROAD APALACHICOLA, FL
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01312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3340068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LONG, LOIS E 1532 LINDEN ROAD APALACHICOLA, FL 32320	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNES, J C 25 BAY VIEW ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RONALD 274 24TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVER, ANDREWS 1066 CYPRESS ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LONA, LOIS E 1532 LINDEN ROAD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000833156  
02/28/08-80001-019 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Grover Andrews Grover Andrews Date: 2-17-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #