

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2009  
Secretary of State**

DOCUMENT# N96000000205

Entity Name: LIVING WATERS ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

1580 BLUFF ROAD  
APALACHICOLA, FL

**New Principal Place of Business:**

1580 BLUFF ROAD  
APALACHICOLA, FL 32320

**Current Mailing Address:**

1580 BLUFF ROAD  
APALACHICOLA, FL

**New Mailing Address:**

1580 BLUFF ROAD  
APALACHICOLA, FL 32320

FEI Number: 59-3340068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LONG, LOIS E  
1532 LINDEN ROAD  
APALACHICOLA, FL 32320 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VARNES, J C  
Address: 25 BAY VIEW ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: DAVIS, RONALD  
Address: 274 24TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: GROVER, ANDREWS  
Address: 1066 CYPRESS ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: PC ( ) Delete  
Name: LONA, LOIS E  
Address: 1532 LINDEN ROAD  
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY NASH

SEC.

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date