

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006631



1. Entity Name
LIVING WATER MINISTRIES, OF ST. CLOUD, FLORIDA INC.

Principal Place of Business
**2473 MICHIGAN AVENUE
 KISSIMMEE, FL 34744**

Maining Address
**1617 ORANGE AVENUE
 SAINT CLOUD, FL 34769**



02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0053255

Approved For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ODOM, LARRY D
 1617 ORANGE AVE.
 ST. CLOUD, FL 34769**

**DO NOT WRITE
 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

SIGNATURE _____

Signature of person or individual designated as the registered agent

Signature of Registered Agent (Signature of any other person is not required)

Date

**Filing Fee is \$61.25
 Due by May 1, 2004**

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	P ODOM, LARRY D 1617 ORANGE AVE. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY ST ZIP	T PAULING, FAITHE L 2017 KELLEY AVE. KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY ST ZIP	VP ODOM, LEILA A 1617 ORANGE AVE. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY ST ZIP	T BETTS, APRIL L 978 DERBYSHIRE DRIVE PONCIANA, FL 34758
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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 04/12/04-80108-013 70.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 C17, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered

SIGNATURE:

Larry D Odom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print #