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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

01-26-2001 90032 026 ****61.25

DOCUMENT # N99000007606

1. Entity Name
LIVING WATER CHURCH MINISTRIES INCORPORATED ✓

Principal Place of Business Mailing Address
3545 HWY. 17 NORTH **3545 HWY. 17 NORTH**
WINTER HAVEN FL 33880 **WINTER HAVEN FL 33880**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 11620

City & State City & State
Eagle Lake, Fla.

Zip Country Zip Country
33839 **USA**

4. FEI Number Applied For
59-3422136 Not Applicable

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

6. Name and Address of Current Registered Agent
MALONE, MATTHEW
200 AVE. K S.E., APT. 187
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
Name: **Matthew Malone**
Street Address (P.O. Box Number is Not Acceptable): **148 Brad Circle**
City: **Winter Haven** FL Zip Code: **33880**

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: *Matthew Malone*
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relocating) 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 | |
|--|--|
| TITLE: Board Deacon <input type="checkbox"/> Delete | NAME: Bruce Berns |
| STREET ADDRESS: 130 Brady Fork Rd | CITY-ST-ZIP: Winter Haven, Fla. 33880 |
| TITLE: Board Deacon <input type="checkbox"/> Delete | NAME: Gary Hixson |
| STREET ADDRESS: 130 Brady Fork Rd | CITY-ST-ZIP: Winter Haven, Fla. 33880 |
| TITLE: Matthew Malone <input type="checkbox"/> Delete | NAME: Matthew Malone |
| STREET ADDRESS: 148 Brad Circle | CITY-ST-ZIP: Winter Haven, FL 33880 |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: *Matthew Malone* DATE: **1-17-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)