

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90067 021 \*\*\*\*61.25

**DOCUMENT # N99000007606**

1. Entity Name  
**LIVING WATER CHURCH MINISTRIES INCORPORATED**

Principal Place of Business <b>3545 HWY. 17 NORTH          WINTER HAVEN FL 33880</b>	Mailing Address <b>PO BOX 1620          EAGLE LAKE FL 33839</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3545 Hwy 17 North</b> Suite, Apt. #, etc. <b>Winter Haven, Fla.</b> City & State	3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 1620</b> City & State <b>Eagle Lake Fla.</b> Zip <b>33839</b> Country <b>FL</b>
Zip <b>33880</b> Country <b>FL</b>	4. FEI Number <b>59-3422136</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALONE, MATTHEW**  
**148 BRAD CIRCLE**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>BERUS, BRUCE</b> <b>130 GRADY POLK RD</b> <b>WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>HAINAGE, GARY</b> <b>130 GRUBDOS RD</b> <b>WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALONE, MATTHEW</b> <b>148 BRAD CIRCLE</b> <b>WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/16/02** **863-401-3024**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)