

**2005-NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT (AR)**


FILED
Mar 15, 2005 8:00 am
Secretary of State

02-16-2005 90048 023 ****61.25

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1st MOORE CR2E037 (10/04)

| | | | |
|---|--|---|---|
| DOCUMENT # N99000007606 | |  | |
| 1. Entity Name LIVING WATER CHURCH MINISTRIES INCORPORATED | | | |
| Principal Place of Business 3545 HWY. 17 NORTH WINTER HAVEN FL 33880 | | Mailing Address PO BOX 1620 EAGLE LAKE FL 33839 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <i>Matthew O. Malone</i> | | DATE 3-10-05 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BD BERUS, BRUCE 130 GRADY POLK RD WINTER HAVEN FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BD HAINAGE, GARY 130 GRUBDOS RD WINTER HAVEN FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALONE, MATTHEW 148 BRAD CIRCLE WINTER HAVEN FL 33880 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Matthew O. Malone</i> | | DATE 3-10-05 DAYTIME PHONE # 803-299-4805 | |
| TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | |