

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005225

1. Entity Name
LIVING WATER MINISTRIES, INC. OF TALLAHASSEE



Principal Place of Business

2024 S MONROE ST
TALLAHASSEE, FL 32301

Mailing Address

1408 ELEANOR DR
TALLAHASSEE, FL 32301-6704

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION
04 JUL -2 AM 11:53



07022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CUNNINGHAM, CLINTON C III
1408 ELEANOR DRIVE
TALLAHASSEE, FL 32301-6704

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUNNINGHAM, CLINTON C III
STREET ADDRESS	1408 ELEANOR DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	CUNNINGHAM, JO ANNE
STREET ADDRESS	1408 ELEANOR DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WILLIAMS, BONITA A
STREET ADDRESS	6003 PICKWICK ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400039016484
07/12/04--01047--002 **\$61.25

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04 445-9262
Date Daytime Phone #