## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300005225



## FILED Mar 10, 2003 8:00 am Secretary of State

LIVING WATER MINISTRIES, INC. OF TALLAHASSEE				03-10-2003 90130 024 ****61.25				
2024 S MONROE ST 1408		Mailing Address 1408 ELEANOR DR TALLAHASSEE FL 32301-670	<del>-</del>					
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number <b>59-3211771</b> Applied For Not Applicable				
Zip	. Country	Zip- Ja-a- H	. Country,	5. Certificate of Stat	us Desired		dditional	
<del></del>	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered	Agent		
CUMMIN	CHAM CUNTON C III		Name					
1408 EL	GHAM, CLINTON C III EANOR DRIVE ASSEE FL 32301-6704		Street Address		(P.O. Box Number is Not Acceptable)			
IALLAN	400EE FE 32301-6/04		City		FL	Zip Coo	de	
SIGNATŲRE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)	DATE		<del></del>	
Ų.	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIE	ECTORS IN	J 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, CLINTON C III 1408 ELEANOR DRIVE TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.110107	TO STREETS AND DIE	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JO ANNE 1408 ELEANOR DRIVE TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, and the same same same same same same same sam		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BONITA A 6003 PICKWICK ROAD TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		v	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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

SIGNATURE: