

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000205

Entity Name: LIVING WATERS ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

1580 BLUFF ROAD
APALACHICOLA, FL 32320

Current Mailing Address:

1580 BLUFF ROAD
APALACHICOLA, FL 32320

FEI Number: 59-3340068

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHIVER, RACHEL S
717 WILDERNESS RD.
EASTPOINT, FL 32328 US

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: RACHEL S. SHIVER

04/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DEACONESS
Name CREAMER, ANGELA
Address PO BOX 1101
City-State-Zip: EASTPOINT FL 32328

Title DEACON
Name CROOM, ANTHONY JR.
Address PO BOX 1075
City-State-Zip: APALACHICOLA FL 32329

Title PASTOR
Name LOLLEY, SCOTTY A
Address 1532 LINDEN ROAD
City-State-Zip: APALACHICOLA FL 32320

Title DEACON
Name SHIVER, ROCKY
Address 717 WILDERNESS ROAD
City-State-Zip: EASTPOINT FL 32328

Title DEACON
Name KING, HARVEY F
Address 8 TIMBERWOOD CT
City-State-Zip: APALACHICOLA FL 32320

Title SECRETARY, TREASURER
Name SHIVER, RACHEL L
Address 717 WILDERNESS RD.
City-State-Zip: EASTPOINT FL 32328

Title DEACON
Name KENNEDY, JAMES CLEVIE
Address 1904 JUNIPER AVE.
City-State-Zip: PORT ST. JOE FL 32456

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL S. SHIVER

SECRETARY/TREASURER 04/14/2018

Electronic Signature of Signing Officer/Director Detail

Date