

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000205

**FILED**  
**Feb 11, 2014**  
**Secretary of State**  
**CC5500742506**

**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:**

GAY, DANNY W  
50 HATHCOCK ROAD  
APALACHICOLA, FL 32320 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: DANNY W GAY**

**02/11/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DEACON  
Name GAY, DANNY W  
Address 50 HATHCOCK RD  
City-State-Zip: APALACHICOLA FL 32320

Title DEACON  
Name DAVIS, RONALD  
Address 274 24TH ST  
City-State-Zip: APALACHICOLA FL 32320

Title DEACON  
Name ANDREWS, GROVER E  
Address 1066 CYPRESS ST  
City-State-Zip: APALACHICOLA FL 32320

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

Title TRUSTEE  
Name HERSEY, MATTHEW D  
Address 451 25TH AVENUE  
City-State-Zip: APALACHICOLA FL 32320

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

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

*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: DANNY W GAY**

**DEACON**

**02/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date