2017 FLORIDA NOT FOR PROFIT	CORPORATION ANNUAL REPORT

DOCUMENT# N9600000205

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

### Name and Address of Current Registered Agent:

GAY, DANNY W 50 HATHCOCK ROAD APALACHICOLA, FL 32320 US Certificate of Status Desired: No

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			04/28/2017
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DEACON	Title	DEACON	
Name	DAVIS, RONALD	Name	ANDREWS, GROVER E	
Address	274 24TH ST	Address	1066 CYPRESS ST	
City-State-Zip:	APALACHICOLA FL 32320	City-State-Zip:	APALACHICOLA FL 32320	
Title	PASTOR	Title	DEACON	
Name	LOLLEY, SCOTTY A	Name	SHIVER, ROCKY	
Address	1532 LINDEN ROAD	Address	717 WILDERNESS ROAD	
City-State-Zip:	APALACHICOLA FL 32320	City-State-Zip:	EASTPOINT FL 32328	
Title	DEACON	Title	SECRETARY, TREASURER	
Name	KING, HARVEY F	Name	SHIVER, RACHEL L	
Address	8 TIMBERWOOD CT	Address	717 WILDERNESS RD.	
City-State-Zip:	APALACHICOLA FL 32320	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: DANNY W. GAY

ADMIN. ASSISTANT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 28, 2017 Secretary of State CC9898460806

lootronic Signature of Signing Officer/Director Date