2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007606

Entity Name: LIVING WATER CHURCH MINISTRIES INCORPORATED

FILED
Mar 07, 2016
Secretary of State
CC7596395131

Current Principal Place of Business:

1770 GILBERT ST EAGLE LAKE. FL 33839

Current Mailing Address:

PO BOX 1620

EAGLE LAKE. FL 33839

FEI Number: 59-3422136 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONE, MATTHEW
148 BRAD CIRCLE
WINTER HAVEN EL 33

WINTER HAVEN, FL 33880 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	BD	Title	BD

NameMCTEER, FREDNameHARNAGE, GARYAddressPO BOX 448Address1901 9TH ST

City-State-Zip: HAINES CITY FL 33845 City-State-Zip: WINTER HAVEN FL 33880

Title ASSOCIATE PASTOR Title **PASTOR** Name WIGGINS, RYAN L SR. MALONE, MATTHEW Name Address 838 S HENDRY AVE Address 148 BRAD CIRCLE FORT MEADE FL 33841 City-State-Zip: City-State-Zip: WINTER HAVEN FL 33880

Title BD Title BD

Name BELLINGER, SCOTT Name PRUITT, STEVE

Address 140 IMAGE COURT Address 3506 PINE TREE LOOP

City-State-Zip: AUBURNDALE FL 33823 City-State-Zip: HAINES CITY FL 33844

Title BD Title BI

Name MILLER, KENNETH Name JETER, WILBURT

Address 1100 MARTINIQUE #207 Address 101 PARADISE ISLAND DR
City-State-Zip: WINTER HAVEN FL 33884 City-State-Zip: HAINES CITY FL 33844

Continues on page 2

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: STEPHANIE VICKERS

SECRETARY

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

4617 WESTON RD

Title SECRETARY

Address

Name VICKERS, STEPHANIE

City-State-Zip: BARTOW FL 33830