

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90084 005 ****61.25

DOCUMENT # **723434**

1. Entity Name

LIVING WATERS WORLD OUTREACH CENTER INC. OF
FERNANDINA BEACH, FLORIDA



Principal Place of Business

134 OLD CHURCH ST
FERNANDINA BEACH FL 32034
US

Mailing Address

CH, FLORIDA
134 OLD CHURCH ST
FERNANDINA BEACH FL 32034

20015396



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3389015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERTZ, REBECCA
1635 ELLIS LANDING RD
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Rebecca Mertz
Signature, typed or printed name of registered agent and title if applicable
SECRETARY

(NOTE: Registered Agent signature required when reinstating)

02/15/05
DATE

FILE NOW: FEE IS \$61.25

Due By: May 1, 2005

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 DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MYER, ERIC L	
STREET ADDRESS	777 ROSES BLUFF RD.	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOYETTE, ROBERT L	
STREET ADDRESS	8106 ROSES BLUFF RD.	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MERTZ, REBECCA	
STREET ADDRESS	1635 ELLIS LANDING RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, RICHARD J	
STREET ADDRESS	1497 RAINBOW ACRES RD.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	OD	<input type="checkbox"/> Delete
NAME	LANNON, ROBERT H	
STREET ADDRESS	1675 ELLIS LANDING RD.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	OD	<input type="checkbox"/> Delete
NAME	GOYETTE, CHRISTINE F	
STREET ADDRESS	8106 ROSES BLUFF RD.	
CITY-ST-ZIP	YULEE FL 32097	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYER, ERIC L.	
STREET ADDRESS	P.O. Box 777	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L. Goyette	
STREET ADDRESS	87616 ROSES BLUFF RD.	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE	Secretary + Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Mertz	
STREET ADDRESS	1635 Ellis Landing Rd.	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNON, Robert H.	
STREET ADDRESS	2140 OAK BLUFF CT.	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	OD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goyette, Christine F	
STREET ADDRESS	87616 ROSES BLUFF RD.	
CITY-ST-ZIP	Yulee, FL 32097	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Robert H. Lannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/05 904-321-2117
Date Daytime Phone #