2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 729195

Entity Name: LUTHERAN CHURCH OF THE LIVING WATERS, INC.

Current Principal Place of Business:

12475 CHANCELLOR BLVD
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

PO BOX 8064
NORTH PORT, FL 34290 US

New Mailing Address:

FEI Number: 59-1558795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELL, DELL
5152 RICHMOND TERRACE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MENDEZ, DARYL
Address: 3632 WHISPERING OAKS DR
City-St-Zip: NORTH PORT, FL 34287

Title: VD ( ) Delete
Name: BACKIEL, RICK
Address: 1368 SARGENT STREET .
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete
Name: LANNING, DAVID
Address: 5473 HOLIDAY PARK BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: TD ( ) Delete
Name: PILTZ, CAROL
Address: 7114 REGAL COURT
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARYL MENDEZ PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date