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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742479

1. Corporation Name

LIVING WATERS WORSHIP CENTER OF GREEN COVE SPRIN GS, INC.

Principal Place of Business	Mailing Address
1104 IDLEWILD AVE GREEN COVE SPRINGS FL 32043	PO BOX 1207 GREEN COVE SPRINGS FL 32043-1207

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/14/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2222923 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BARRIE, LEON J III
1620 RIVERS RD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, HARRY L		1.2 NAME	
STREET ADDRESS	1646 RIVERS RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS, FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARRIE, LEON J, III		2.2 NAME	
STREET ADDRESS	1620 RIVERS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS,FL00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GILLIES, JAMES		3.2 NAME	
STREET ADDRESS	710 HIGHWAY AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL		3.4 CITY-ST-ZIP	
TITLE	DCT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GILLIES, DEBRA T		4.2 NAME	
STREET ADDRESS	3949 WISEMAN RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCKAY, BOBBY		5.2 NAME	
STREET ADDRESS	479 JERI DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED Harry L. Hunter 3/25/99 (904) 284-019
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #