2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90021 006 ****61.25

DOCUMENT # 742479

1. Entity Name

LIVING WATERS WORSHIP CENTER OF GREEN COVE SPRIN

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2222923 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARRIE, LEON J III 1620 RIVERS RD GREEN COVE SPRINGS FL 32043	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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUNTER, HARRY L 1646 RIVERS RD. GREEN COVE SPGS. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scott Mears 2388 Shawna Lane Green Cove Springs, FL 32043
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRIE, LEON J, III 1620 RIVERS RD GREEN COVE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Talbott 4038 HWY. 17 South Green Cove Springs, FL 32043
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLIES, JAMES 710 HIGHWAY AVENUE GREEN COVE SPGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCT GILLIES, DEBRA T 3949 WISEMAN RD GREEN COVE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKAY, BOBBY 479 JERI DR GREEN COVE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ Harry L. Hunter 1/18/2000 (904)284-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #