

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742479

**FILED**  
**Apr 22, 2004**  
**Secretary of State****Entity Name:** LIVING WATERS WORSHIP CENTER OF GREEN COVE SPRINGS, INC.**Current Principal Place of Business:**1104 IDLEWILD AVE  
GREEN COVE SPRINGS, FL 32043**New Principal Place of Business:****Current Mailing Address:**PO BOX 1207  
GREEN COVE SPRINGS, FL 320431207**New Mailing Address:****FEI Number:** 59-2222923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BARRIE, LEON J III  
1620 RIVERS RD  
GREEN COVE SPRINGS, FL 32043      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:** S      ( ) Delete  
**Name:** HUNTER, HARRY L  
**Address:** 1646 RIVERS RD.  
**City-St-Zip:** GREEN COVE SPGS., FL**Title:** P      ( ) Delete  
**Name:** BARRIE, LEON J, III,  
**Address:** 1620 RIVERS RD  
**City-St-Zip:** GREEN COVE SPRINGS, FL**Title:** D      ( ) Delete  
**Name:** GILLIES, JAMES,  
**Address:** 710 HIGHWAY AVENUE  
**City-St-Zip:** GREEN COVE SPGS, FL**Title:** DCT      ( ) Delete  
**Name:** GILLIES, DEBRA T  
**Address:** 3949 WISEMAN RD  
**City-St-Zip:** GREEN COVE SPRINGS, FL**Title:** D      ( ) Delete  
**Name:** TALBOTT, DAVID  
**Address:** 4038 HWY 17, SOUTH  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** D      ( ) Delete  
**Name:** MEARS, SCOTT  
**Address:** 2388 SHAWNA LANE  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S      (X) Change ( ) Addition  
**Name:** HUNTER, HARRY L  
**Address:** 1646 RIVERS RD.  
**City-St-Zip:** GREEN COVE SPGS., FL 32043**Title:** P      (X) Change ( ) Addition  
**Name:** BARRIE, LEON J III  
**Address:** 1620 RIVERS RD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:** D      (X) Change ( ) Addition  
**Name:** GILLIES, JAMES  
**Address:** 710 HIGHWAY AVENUE  
**City-St-Zip:** GREEN COVE SPGS, FL 32043**Title:** DCT      (X) Change ( ) Addition  
**Name:** GILLIES, DEBRA T  
**Address:** 3949 WISEMAN RD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** MEARS, SCOTT  
**Address:** 201 PARK STREET  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRY L. HUNTER

S

04/22/2004

Electronic Signature of Signing Officer or Director

Date