


FILED
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Secretary of State

03-09-1999 90109 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 743818					
1. Corporation Name LIVING WATERS CHURCH OF DAYTONA BEACH, INC.					
Principal Place of Business 1016 CLEARWATER ROAD DAYTONA BEACH FL 32114			Mailing Address 1016 CLEARWATER ROAD DAYTONA BEACH FL 32114		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALFREY, KENNETH W 4801 CLYDE MORRIS BLVD DAYTONA BCH FL 32119				81 Name SMITH, BILLIE J 82 Street Address (P.O. Box Number is Not Acceptable) 6169 SEQUOIA DRIVE 83 84 City PORT ORANGE FL 32127			
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 <u>BILLIE J. SMITH - PASTOR</u> Signature, typed or printed name of registered agent and title if applicable.				<u>Billie J. Smith</u> (NOTE: Registered Agent signature required when registering) DATE <u>3/28/99</u>			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE NAME TD STREET ADDRESS MARQUIS, PHYLLIS CITY-ST-ZIP 1400 SUNSET BLVD HOLLY HILLS FL 32117				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME TD 1.3 STREET ADDRESS SMITH, PHYLLIS M 1.4 CITY-ST-ZIP 6169 SEQUOIA DRIVE PORT ORANGE, FL. 32127			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS CHANDLER, IRIS CITY-ST-ZIP 34 LESLIE LANE PORT ORANGE FL 32119				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME PD STREET ADDRESS ALFREY, KENNETH W CITY-ST-ZIP 4801 CLYDE MORRIS BLVD DAYTONA BCH FL				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME PD 3.3 STREET ADDRESS SMITH, BILLIE J 3.4 CITY-ST-ZIP 6169 SEQUOIA DRIVE PORT ORANGE, FL. 32127			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: BILLIE J. SMITH 3/16/99 (904) 788-9819
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)