FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

WATER OF LIFE MINISTRIES, INCORPORATED

FILED Apr 13 1998 8:00am Secretary of State

T DESIGN TO BE A SERVE MEDICA COME COME DERE SERVE MEDICAL DER LA GREEK DE COME EN DE

Principal P	lace of Business	Mailing Add	ross						
% NANCY FULLERTON 878 EVERGREEN AVE. ALTAMONTE SPRINGS FL 32701		% NANCY FULLERTON 878 EVERGREEN AVE. ALTAMONTE SPRINGS FL 32701				3. Date Incorporated or Qualified 07/19/1982 4. FEI Number	Applied For		
2. Principa	at Place of Business	2a. Mailing Address				59-2211761 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip 24	Country 25	Zip 29	30	intry		t brooklant reporty text and barries and	Yes \No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent		
FULLERTON, NANCY P. 878 EVERGREEN AVE.				81 82	Name Street Addre	iss (P.O. Box Number is Not Acceptable)			
ALTAMONTE SPRINGS FL 32701			83 84	O:L.		Tee Tip Code			
				bove		FL oration submits this statement for the purpose of			
office o	or registered agent, or both, in the State	i of Florida. Such c	hange was authorize	a by	the corporation	on's board of directors. I hereby accept the appr	ontment as registered		

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

ū							
SIGNATURE _	Signature, typed or printed name of registered agont and	Ctitle if applicable /NOTE	Registered Agent signature re	equired when reinstalling)	DATE		
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	AKERS, BARBARA		1.2 NAME				
STREET ADDRESS	1219 ETHERIDGE MILL RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	GRIFFIN GA		1.4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TrTLE		Change	☐ Addition	
NAME	AKERS, DONALD C.		2.2 NAME				
STREET ADDRESS	1219 ETHERIDGE MILL RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	GIFFIN GA		2. 4 CITY-ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	FULLERTON, NANCY P.		3.2 NAME			ļ	
STREET ADDRESS	878 EVERGREEN AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4. CITY - ST - ZIP				
TITLE		☐ DELETÉ	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CiTY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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.

D 5. 1/2 00 1 04 01 08 (4021831.21/1