

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846155 (0)

1. Corporation Name

LIVING WATER MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3040
PENSACOLA FL 32516-0040P.O. BOX 3040
PENSACOLA FL 32516-30403. Date Incorporated or Qualified
06/05/19803a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7453583

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP, J. ROBERT
8590 HWY 98 WEST
PENSACOLA FL 32516-0040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREELEY, JAMES H	
STREET ADDRESS	1413 JORDAN STREET	
CITY-ST-ZIP	BALTIMORE, MD 00000	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAT KELLY	
1.3 STREET ADDRESS	8590 HIGHWAY 98 WEST	
1.4 CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BISHOP, JAMES R	
STREET ADDRESS	8590 HWY 98 WEST	
CITY-ST-ZIP	PENSACOLA, FL 00000	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEOWN, PEGGY	
STREET ADDRESS	8590 HWY 98 WEST	
CITY-ST-ZIP	PENSACOLA, FL 00000	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEBB, JERRY D	
STREET ADDRESS	8590 HWY 98 WEST	
CITY-ST-ZIP	PENSACOLA, FL 00000	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLY, RON	
STREET ADDRESS	8590 HWY 98 WEST	
CITY-ST-ZIP	PENSACOLA FL	

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 do 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.

SIGNATURE:

J. Bishop

2/13/97

904-453-3453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073.145

CR2E037 (9/96)