

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005284

FILED
Aug 29, 2004
Secretary of State

Entity Name: LIVING WATER MINISTRIES OF GREATER ORLANDO, INC.

Current Principal Place of Business:

772 PRESERVE TERRACE
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 952872
LAKE MARY, FL 327952872

New Mailing Address:

FEI Number: 04-2951155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, ROBERT H
772 PRESERVE TERRACE
HEATHROW, FL 32746 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: D () Delete
Name: EDWARDS, JIM
Address: 813 EAGLE CLAW CT
City-St-Zip: LAKE MARY, FL 32746

Title: P/D () Delete
Name: HALE, ROBERT H
Address: 772 PRESERVE TERRACE
City-St-Zip: HEATHROW, FL 32746

Title: STD () Delete
Name: HALE, JOHANNA L
Address: 772 PRESERVE TERRACE
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: PROCTOR, RALPH
Address: 5392 ELM COURT
City-St-Zip: ORLANDO, FL 32811

Title: VD () Delete
Name: ELDREDGE, ROBERT B SR.
Address: 508 LANTANA STREET APT 152
City-St-Zip: CAMARILLO, CA 93010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PROCTOR, RALPH
Address: 133 CARRIAGE HILL DR.
City-St-Zip: CASSELBERRY, FL 32709

Title: VD (X) Change () Addition
Name: ELDREDGE, ROBERT B SR.
Address: 1692 CHERRY RIDGE DR.
City-St-Zip: HEATHROW, FL 32746

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: ROBERT H. HALE

P/D

08/29/2004

Electronic Signature of Signing Officer or Director

Date