


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90026 029 ****61.25

DOCUMENT # F96000005284					
1. Entity Name LIVING WATER MINISTRIES OF GREATER ORLANDO, INC.					
Principal Place of Business 772 PRESERVE TERRACE HEATHROW, FL 32746			Mailing Address PO BOX 952872 LAKE MARY, FL 32795-2872		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-2951155	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, ROBERT H 772 PRESERVE TERRACE HEATHROW, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME EDWARDS, JIM STREET ADDRESS 813 EAGLE CLAW CT CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P/O NAME HALE, ROBERT H STREET ADDRESS 772 PRESERVE TERRACE CITY-ST-ZIP HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME HALE, JOHANNA L STREET ADDRESS 772 PRESERVE TERRACE CITY-ST-ZIP HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE STD NAME HALE, Johna L. STREET ADDRESS 772 Preserve Terrace CITY-ST-ZIP Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PROCTOR, RALPH STREET ADDRESS 133 CARRIAGE HILL DR. CITY-ST-ZIP CASSELBERRY, FL 32709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ELDREDGE, ROBERT B SR. STREET ADDRESS 1692 CHERRY RIDGE DR. CITY-ST-ZIP HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert H. Hale</i> Robert H. HALE <i>July 18 2005</i> July 18 2005 <i>(407) 739-1601</i>					