

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90064 018 \*\*\*\*61.25

0030593

**DOCUMENT # N00000001303**

1. Entity Name

**LIVING WATERS RESTORATION MINISTRIES, INC.**

Principal Place of Business

Mailing Address

6872 ASTER DR  
 COCOA FL 32927

6872 ASTER DR  
 COCOA FL 32927

2. Principal Place of Business

**1035 Peachtree St**

3. Mailing Address

**411 N Courtenay**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A**

**C-12**

City & State

City & State

**Cocoa FL**

**Merritt Island**

Zip

Country

Zip

Country

**BREVARD**

**32953**

**Brevard**

4. FEI Number

**59-361605Z**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRISON, JENNIFER**  
**6872 ASTER DR**  
**COCOA FL 32927**

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.

SIGNATURE

*Jennifer L. Harrison* **Jennifer L. Harrison**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Yvonne Boylan</b>	
STREET ADDRESS	<b>1514 Clearlake Rd #5</b>	
CITY-ST-ZIP	<b>Cocoa FL 32922</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>David K. Boylan</b>	
STREET ADDRESS	<b>1514 Clearlake Rd #5</b>	
CITY-ST-ZIP	<b>Cocoa FL 32922</b>	
TITLE	<b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>411 N. Courtenay C-12</b>	
STREET ADDRESS	<b>Merritt Island FL 32953</b>	
CITY-ST-ZIP		
TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>Jennifer L. Harrison</b>	
STREET ADDRESS	<b>411 N. Courtenay C-12</b>	
CITY-ST-ZIP	<b>Merritt Island FL 32953</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: X** *Jennifer L. Harrison* **Jennifer L. Harrison** **4-6-01** **321-454-4431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)