

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001303

1. Entity Name

LIVING WATERS RESTORATION MINISTRIES, INC.

Principal Place of Business

1035 PEACHTREE ST  
SUITE A  
COCOA FL 32927

Mailing Address

411 N COURTENNY  
SUITE C-12  
MERRITT ISLAND FL 32953

2. Principal Place of Business

1050 B West King Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cocoa, FL 32922

City & State

Zip

Country

32922

USA

Zip

Country

4. FEI Number

59-3616052

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, JENNIFER  
6872 ASTER DR  
COCOA FL 32927

7. Name and Address of New Registered Agent

Name  
Jennifer L. Harrison  
Street Address (P.O. Box Number is Not Acceptable)  
411 N. Courtenay Pkwy #C-12  
City Merritt Island FL Zip Code 32953

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 Pastor 1/7/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLAN, YVONNE 1514 CLEARLAKE RD #5 COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOYLAN, DAVID K 1514 CLEARLAKE RD #5 COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARRISON, JENNIFER L 411 N. COURTENAY C-12 MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Pastor Yvonne Boylan Pastor Yvonne Boylan 1-7-02 631-3295

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90059 002 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)