

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90051 037 \*\*\*\*61.25

<b>DOCUMENT # N00000001303</b>					
<b>1. Entity Name</b> LIVING WATERS RESTORATION MINISTRIES, INC.					
<b>Principal Place of Business</b> 1050 B WEST KING STREET COCOA, FL 32922			<b>Mailing Address</b> 411 N COURTENNY SUITE C-12 MERRITT ISLAND, FL 32953		
<b>2. Principal Place of Business</b> 1052 Cypress Lane		<b>3. Mailing Address</b> 1052 Cypress Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> COCOA, FL		<b>City &amp; State</b> COCOA, FL		<b>4. FEI Number</b> 59-3616052	
<b>Zip</b> 32922		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARRISON, JENNIFER 411 N. COURTENAY PRKWY #C-12 MERRITT ISLAND, FL 32953			<b>7. Name and Address of New Registered Agent</b> Name: RUTH COY Street Address (P.O. Box Number is Not Acceptable): 3130 WATER OAK DR City: MERRITT ISLAND FL Zip Code: 32953		
<b>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.</b> SIGNATURE: <u>Shirley Ruth Coy</u> 2/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> BOYLAN, YVONNE 1514 CLEARLAKE RD #5 COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> COWLEY, BERNARD R. 6564 CEDAR AVE COCOA, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> BOYLAN, DAVID K 1514 CLEARLAKE RD #5 COCOA, FL 32922	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> BOYLAN, YVONNE 1052 CYPRESS LANE COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> HARRISON, JENNIFER L 411 N. COURTENAY C-12 MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> MASTERS, INA 2501 MERIDIAN AVE COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> WEIKLE, LYNN M 201 RIVER HEIGHTS DRIVE COCOA, FL 32922	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> RUTH COY 3130 WATER OAK DR. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> MATSON, MELAINE 6880 CAIRO RD. PORT ST. JOHN, FL 32927	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DFS</b> MASTERS, DONALD E. 2501 MERIDIAN AVE COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DG</b> BOYLAN, DAVID K. 2501 CYPRESS LANE COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Bernard R Cowley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/9/04		321-720-1665 <small>Daytime Phone #</small>