

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90029 040 \*\*\*\*70.00

<b>DOCUMENT # N00000001303</b>					
<b>1. Entity Name</b> LIVING WATERS RESTORATION MINISTRIES, INC.					
<b>Principal Place of Business</b> 1052 CYPRESS LANE COCOA, FL 32922			<b>Mailing Address</b> 1052 CYPRESS LANE SUITE C-12 COCOA, FL 32922		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3616052	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
COY, RUTH 3130 WATER OAK DR. MERRITT ISLAND, FL 32953				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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>RUTH COY</u> <u>Ruth Coy</u> <u>2-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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> PD <b>NAME</b> COWLEY, BERNARD R <b>STREET ADDRESS</b> 6564 CEDAR AVE. <b>CITY-ST-ZIP</b> COCOA, FL 32927	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> BOYLAN, DAVID K <b>STREET ADDRESS</b> 1514 CLEARLAKE RD #5 <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> BOYLAN, YVONNE <b>STREET ADDRESS</b> 1052 CYPRESS LANE <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> HARRISON, JENNIFR L <b>STREET ADDRESS</b> 411 N-COURTENAY C-12 <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> COY, RUTH <b>STREET ADDRESS</b> 3130 WATER OAK DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BM <b>NAME</b> WEIKLE, LYNN M <b>STREET ADDRESS</b> 201 RIVER HEIGHTS DRIVE <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> MASTERS, INA <b>STREET ADDRESS</b> 2501 MERIDIAN AVE <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BM <b>NAME</b> MATSON, MELAINE <b>STREET ADDRESS</b> 6860 CAIRO RD. <b>CITY-ST-ZIP</b> PORT ST. JOHN, FL 32927	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> BM <b>NAME</b> MASTERS, DONALD <b>STREET ADDRESS</b> 2501 MERIDIAN AVE <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> BOYLAN, YVONNE <b>STREET ADDRESS</b> 1052 CYPRESS LANE <b>CITY-ST-ZIP</b> COCOA, FL 32922	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> BM <b>NAME</b> BOYLAN, DAVID K. <b>STREET ADDRESS</b> 1052 CYPRESS LANE <b>CITY-ST-ZIP</b> 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>					
SIGNATURE: <u>RUTH COY</u> <u>Ruth Coy</u> <u>2-22-05</u> <u>1-321-453-4479</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					