

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90062 014 ****61.25

DOCUMENT # N00000001303

1. Entity Name
LIVING WATERS RESTORATION MINISTRIES, INC.



Principal Place of Business
**1052 CYPRESS LANE
COCOA, FL 32922**

Mailing Address
**1052 CYPRESS LANE
SUITE C-12
COCOA, FL 32922**



2. Principal Place of Business		3. Mailing Address		01232006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3616052	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COY, RUTH 3130 WATER OAK DR. MERRITT ISLAND, FL 32953		Name <u>Yvonne Boylan</u> Street Address (P.O. Box Number is Not Acceptable) <u>1052 Cypress lane</u> City <u>Cocoa</u> FL <u>32922</u>	

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 Yvonne C. Boylan PD Jan 27, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD COWLEY, BERNARD R 6564 CEDAR AVE. COCOA, FL 32927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/T Yvonne Boylan 1052 Cypress lane Cocoa FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOYLAN, YVONNE 1052 CYPRESS LANE COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D David Boylan 1052 Cypress lane Cocoa FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COY, RUTH 3130 WATER OAK DR MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jennifer Harrison 411 North Courtenay Parkway C12 Merritt Island FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASTERS, INA 2501 MERIDIAN AVE COCOA, FL 32922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jake Williams 1054 Cypress lane Cocoa FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MASTERS, DONALD 2501 MERIDIAN LANE COCOA, FL 32922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BOYLAN, DAVID K 1052 CYPRESS LANE COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

Yvonne C. Boylan