

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001303

FILED
Jan 11, 2009
Secretary of State

Entity Name: LIVING WATERS RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

1052 CYPRESS LANE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1052 CYPRESS LANE
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3616052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLAN, YVONNE
1052 CYPRESS LANE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD/T () Delete
Name: BOYLAN, YVONNE
Address: 1052 CYPRESS LN.
City-St-Zip: COCOA, FL 32922

Title: DVP () Delete
Name: BOYLAN, DAVID
Address: 1052 CYPRESS LANE
City-St-Zip: COCOA, FL 32922

Title: DS () Delete
Name: COY, RUTH
Address: 3130 WATEROAK DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S.D () Delete
Name: HARRISON, JENNIFER
Address: 411 NIRTH COURTENAY PKWY., C12
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: WILLIAMS, JAKE
Address: 1054 CYORESS LANE
City-St-Zip: COCOA, FL 32922 US

Title: BM () Delete
Name: BOYLAN, DAVID K
Address: 1052 CYPRESS LANE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, JAKE
Address: 1054 CYPRESS LANE
City-St-Zip: COCOA, FL 32922 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE BOYLAN

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date