2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000001303

Entity Name: LIVING WATERS RESTORATION MINISTRIES, INC.

FILED May 05, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1050 B WE COCOA, FI	ST KING S' L 32922	TREET				
Current Mailing Address:				New Mailing Address:		
411 N COL SUITE C-1: MERRITT I		32953				
FEI Number:	59-3616052	FEI Number Applie	d For () FEI Nu	ımber Not Appli	plicable () Certificate of Status Desired ()	
Name and	Address of	f Current Registered	l Agent:	Name and	d Address of New Registered Agent:	
411 N. COU MERRITT I	SLAND, FL	PRKWY #C-12 32953	ent for the purpose	of changing it	its registered office or registered agent, or both,	
in the State	of Florida.	•		3 3		
SIGNATUR						
	Electr	onic Signature of Reg	gistered Agent		Date	
OFFICERS	AND DIRE	CTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	S:
Title: Name: Address: City-St-Zip:	BOYLAN, YV	LAKE RD #5		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP BOYLAN, DA 1514 CLEAR COCOA, FL	LAKE RD #5		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRISON, 411 N. COUF	() Delete JENNIFR L RTENAY C-12 LAND, FL 32953		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	BM () Change (X) Addition WEIKLE, LYNN M 201 RIVER HEIGHTS DRIVE COCOA, FL 32922 US	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	BM () Change (X) Addition MATSON, MELAINE 6860 CAIRO RD. PORT ST. JOHN, FL 32927 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER L. HARRISON DST 05/05/2003