2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N00000002156

Entity Name: LIVING WATERS CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

505 GEORGIA AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

505 GEORGIA AVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 22-3870220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, JOYCE J
505 GEORGIA AVE
LONGWOOD, FL 32750 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:	P	( ) Delete
Name:	CONNELL, JOYCE J	
Address:	505 GEORGIA AVE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	CONNELL, TERRY W	
Address:	505 GEORGIA AVE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	T	( ) Delete
Name:	FLIPPEN, RUTH	
Address:	1822 CLAYTON AVE	
City-St-Zip:	LYNCHBURG, VA 24503	
Title:	T	( ) Delete
Name:	LASHLEY, GEORGE	
Address:	3167 WHISPER LAKE #F	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	T	( ) Delete
Name:	HAMMOND, CAROL A	
Address:	1822 CLAYTON AVE	
City-St-Zip:	LYNCHBURG, VA 24503	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOYCE J CONNELL P 04/11/2006

Electronic Signature of Signing Officer or Director — Date