2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90220 001 ****61.25
04-26-2005 90220 002 *****8.75

66012967

DOCUMENT # N01000001995

1. Entity Name
LIVING WATER MINISTRIES OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
137 TURNBERRY DRIVE ATLANTIS, FL 33462	137 TURNBERRY DRIVE ATLANTIS, FL 33462

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04182005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1088823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DI CRESCENZO, ANGELA D 3170 N. FEDERAL HIGHWAY #103-C LIGHTHOUSE POINT, FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	DP CHALKER, FREDERICK JR 137 TURNBERRY DRIVE ATLANTIS, FL 33462	☐ Delete	KENNETH E FRANCIS 1847 SUMMIT PARK BLVD # 7117 W.P.B. FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KEPNER, KIRBY 366 SAND BROOK CT. NOBLESVILLE, IN 46060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PACE, JONATHAN C 129 TURNBERRY DRIVE ATLANTIS, FL 33462	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS O'KEEFE, RYAN 17 DOGWOOD CIRCLE BOYNTON BEACH, FL 33436	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 blanks properly empowered.

SIGNATURE: X Kenneth E. Francis 4/22/05 561-351-5951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #