


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90261 023 ****61.25

DOCUMENT # N01000001995					
1. Entity Name LIVING WATER MINISTRIES OF THE PALM BEACHES, INC.					
Principal Place of Business 137 TURNBERRY DRIVE ATLANTIS, FL 33462			Mailing Address 137 TURNBERRY DRIVE ATLANTIS, FL 33462		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1088823				Applied For <input type="checkbox"/> Not Applicable	
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		
DI CRESCENZO, ANGELA D 665 SE 10TH ST #201 DEERFIELD, FL 33941			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DP NAME CHALKER, FREDERICK JR STREET ADDRESS 137 TURNBERRY DRIVE CITY - ST - ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE DP NAME PONDALL WAGLER STREET ADDRESS 5984 Judd Bulls Rd W CITY - ST - ZIP Lake Worth FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME KEPNER, KIRBY STREET ADDRESS 366 SAND BROOK CT. CITY - ST - ZIP NOBLESVILLE, IN 46060	<input checked="" type="checkbox"/> Delete		TITLE DT NAME PACE, JONATHAN C STREET ADDRESS 129 TURNBERRY DRIVE CITY - ST - ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME PACE, JONATHAN C STREET ADDRESS 129 TURNBERRY DRIVE CITY - ST - ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE DS NAME O'KEEFE, RYAN STREET ADDRESS 17 DOGWOOD CIRCLE CITY - ST - ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME O'KEEFE, RYAN STREET ADDRESS 17 DOGWOOD CIRCLE CITY - ST - ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE D NAME FRANCIS, KENNETH E STREET ADDRESS 1347 SUMMIT ANES BLVD #7117 CITY - ST - ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FRANCIS, KENNETH E STREET ADDRESS 1347 SUMMIT ANES BLVD #7117 CITY - ST - ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE Robert Popkin D NAME 1760 W. Court Place STREET ADDRESS Alva, FL 33920 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Frederick Chalker</i>			4/28/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		