2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N01000001995

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

Current Principal Place of Business:

137 TURNBERRY DRIVE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

137 TURNBERRY DRIVE
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 65-1088823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI CRESCENZO, ANGELA D
665 SE 10TH ST #201
DEERFIELD, FL 33941 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:	DP	( ) Delete
Name:	CHALKER, FREDERICK JR	
Address:	137 TURNBERRY DRIVE	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	DVP	( ) Delete
Name:	WAGLER, RANDALL	
Address:	5984 JUDD BALLS RD W	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	DT	( ) Delete
Name:	PACE, JONATHAN C	
Address:	129 TURNBERRY DRIVE	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	DS	( ) Delete
Name:	O'KEEFE, RYAN	
Address:	17 DOGWOOD CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	FRANCIS, KENNETH E	
Address:	1347 SUMMIT ANES BLVD #7117	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	D	( ) Delete
Name:	POPKIN, ROBERT	
Address:	17620 W COURT PL	
City-St-Zip:	ALVA, FL 33920	

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:	
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: CHALKER FRED DP 03/20/2009

Electronic Signature of Signing Officer or Director — Date