

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002091

FILED
Apr 01, 2005
Secretary of State

Entity Name: LIVING WATER CHURCH OF GOD, INC.

Current Principal Place of Business:

1122 NW 119 STREET
MIAMI, FL 33168

New Principal Place of Business:

320 NW 130 ST.
MIAMI, FL 33168

Current Mailing Address:

1122 NW 119 STREET
MIAMI, FL 33168

New Mailing Address:

320 NW 130 ST
MIAMI, FL 33168

FEI Number: 65-1136939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSEPH, DUVERSANT REV.
320 NW 130 STREET
MIAMI, FL 33168 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: PD () Delete
Name: JOSEPH, DUVERSANT REV.
Address: 320 NW 130 STREET
City-St-Zip: MIAMI, FL 33168

Title: VPD () Delete
Name: JOSEPH, ANTONIA REV.
Address: 320 NW 130 STREET
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: JOSEPH, LYSIDA SISTER
Address: 784 NW 109 STREET
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: MARIE, PIERRE SISTER
Address: 19125 NW 11 AVE
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: REMINGTON, RICHARD BROTHER
Address: 320 NW 130 STREET
City-St-Zip: MIAMI, FL 33168

Title: SD (X) Delete
Name: ERNEST, PIERRE BROTHER
Address: 435 NW 135 STREET
City-St-Zip: MIAMI, FL 33168

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 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: DUVERSANT JOSEPH

DR.

04/01/2005

Electronic Signature of Signing Officer or Director

Date