


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003073 1. Entity Name LIVING WATER FREE METHODIST CHURCH INC	
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Principal Place of Business 1595 E. GRAVES AVE. ORANGE CITY FL 32763	Mailing Address 1595 E. GRAVES AVE. ORANGE CITY FL 32763
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MOORE CR2E037 (11/03)

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

4. FEI Number 59-3687950	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORMUR, WILIAM 162 N. VOLUSIA AVE. LAKE HELEN FL 32744

7. Name and Address of New Registered Agent	
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)	

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MORMUR, WILLIAM
STREET ADDRESS	162 N. VOLUSIA AVE.
CITY - ST - ZIP	LAKE HELEN FL 32744
TITLE	COD <input type="checkbox"/> Delete
NAME	MORMUR, JOY
STREET ADDRESS	162 N. VOLUSIA AVE.
CITY - ST - ZIP	LAKE HELEN FL 32744
TITLE	SD <input type="checkbox"/> Delete
NAME	GRAHAM, LOUELLA
STREET ADDRESS	1595 E. GRAVES AVE.
CITY - ST - ZIP	ORANGE CITY FL 32763
TITLE	TD <input type="checkbox"/> Delete
NAME	HENRY, MAURINE
STREET ADDRESS	1595 E. GRAVES AVE.
CITY - ST - ZIP	ORANGE CITY FL 32763
TITLE	AT <input type="checkbox"/> Delete
NAME	OWENS, MICHAEL
STREET ADDRESS	1595 E. GRAVES AVE.
CITY - ST - ZIP	ORANGE CITY FL 32763
TITLE	DEL <input type="checkbox"/> Delete
NAME	YOUNG, RICHARD
STREET ADDRESS	1595 E. GRAVES AVE.
CITY - ST - ZIP	ORANGE CITY FL 32763

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000023815
STREET ADDRESS	02/02/04-80040-007 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 all other like empowered.

SIGNATURE: <i>William D. Mormur</i>	Date: <i>1/27/04</i>
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