


2005 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003073
 1. Entity Name
LIVING WATER FREE METHODIST CHURCH INC



Principal Place of Business Mailing Address
 1595 E. GRAVES AVE. 1595 E. GRAVES AVE.
 ORANGE CITY FL 32763 ORANGE CITY FL 32763

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-3687950 Not Applicable

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

6. Name and Address of Current Registered Agent

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

FILE NOW: 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

U00000248174
 03/02/05-80019-009 61.25

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: *William Mormur*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

386-228-0097
 2-20-05