


# 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

386-228-0097  
 2-20-05  
 Date      Daytime Phone #