

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2006
Secretary of State**

DOCUMENT# N01000003073

Entity Name: LIVING WATER FREE METHODIST CHURCH INC

Current Principal Place of Business:

1595 E. GRAVES AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1595 E. GRAVES AVE.
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3687950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORMUR, WILLIAM
162 N. VOLUSIA AVE.
LAKE HELEN, FL 32744 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORMUR, WILLIAM
Address: 162 N. VOLUSIA AVE.
City-St-Zip: LAKE HELEN, FL 32744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COD () Delete
Name: MORMUR, JOY
Address: 162 N. VOLUSIA AVE.
City-St-Zip: LAKE HELEN, FL 32744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Delete
Name: GRAHAM, LOUELLA
Address: 1595 E. GRAVES AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: HENRY, MAURINE
Address: 1595 E. GRAVES AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT () Delete
Name: OWENS, MICHAEL
Address: 1595 E. GRAVES AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DEL () Delete
Name: YOUNG, RICHARD
Address: 1595 E. GRAVES AVE.
City-St-Zip: ORANGE CITY, FL 32763

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 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: WILLIAM MORMUR

PD

07/11/2006

Electronic Signature of Signing Officer or Director

_____ Date