


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90046 002 ****61.25

DOCUMENT # N01000003073					
1. Entity Name LIVING WATER FREE METHODIST CHURCH INC					
Principal Place of Business 1595 E. GRAVES AVE. ORANGE CITY, FL 32763			Mailing Address 1595 E. GRAVES AVE. ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3687950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORMUR, WILIAM 162 N. VOLUSIA AVE. LAKE HELEN, FL 32744			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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORMUR, WILLIAM		NAME		
STREET ADDRESS	162 N. VOLUSIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN, FL 32744		CITY-ST-ZIP		
TITLE	COD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORMUR, JOY		NAME		
STREET ADDRESS	162 N. VOLUSIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN, FL 32744		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, MAURINE		NAME		
STREET ADDRESS	1595 E. GRAVES AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, MICHAEL		NAME		
STREET ADDRESS	1595 E. GRAVES AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
TITLE	DEL	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, RICHARD		NAME		
STREET ADDRESS	1595 E. GRAVES AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William M. Morris</u>			Date: <u>1-8-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____		