

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003073

FILED
Jan 09, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: OWENS, MICHAEL
Address: 1595 E. GRAVES AVE.
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify 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

01/09/2008

Electronic Signature of Signing Officer or Director

Date