

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90071 009 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N01000003163**

1. Entity Name

LIVING WATERS COMMUNITY CHURCH/MISSION INCORPORATED



Principal Place of Business

**3911 VICTORIA LANDING DR NORTH
JACKSONVILLE FL 32208**

Mailing Address

**PO BOX 9419
JACKSONVILLE FL 32208-0419**

90140317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3590204**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENNINGS, LORENZO
3911 VICTORIA LANDING DR NORTH
JACKSONVILLE FL 32208**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **DP**
STREET ADDRESS **JENNINGS, LORENZO**
CITY-ST-ZIP **3911 VICTORIA LANDING DR NORTH
JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **JENNINGS, TERI L**
CITY-ST-ZIP **3911 VICTORIA LANDING DR NORTH
JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **GRIFFEN, ETHEL**
CITY-ST-ZIP **1111 W 25TH ST
JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment 90140317
SO# NO1000003163

Moreno Jennings
P.O. Box 9419
Edgewood Ave. West
Tax-File 32208

To whom it may concern;

I'm sorry about
responding back ~~so~~ late;
I've been kinda ill from
a car wreck. If there's
any other additional fees,
let me know,
and I'll send them.

Thank you,
Cedar Moreno Jennings