
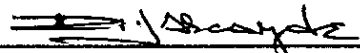



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90005 008 ****61.25

DOCUMENT # N01000003517			
1. Entity Name LIVING SPRING MINISTRIES USA, INC.			
Principal Place of Business 337 JEFFERSON ST SUITE 4 HOLLYWOOD, FL 33019		Mailing Address P.O. BOX 85033 HALLANDALE, FL 33008	
2. Principal Place of Business 5846 PLANTATION RD.		3. Mailing Address P.O. Box 85148	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State HALLANDALE, FL	
Zip 33317		Zip 33008	
Country		Country	
4. FEI Number 65-1024290		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent ALCAYDE, JOSE M 337 JEFFERSON ST SUITE 4 HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name: ALCAYDE, JOSE M Street Address (P.O. Box Number is Not Acceptable): 5846 PLANTATION RD. City: PLANTATION FL Zip Code: 33317	
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: JOSE M ALCAYDE 		DATE: 8.31.2004	
Filing Fee is \$61.25 Due by September 8, 2004		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: T	ALCAYDE, YEMINA G <input checked="" type="checkbox"/> Delete	TITLE: T	LUKENS, YEMINA G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALCAYDE, YEMINA G		NAME: LUKENS, YEMINA G.	
STREET ADDRESS: 337 JEFFERSON ST		STREET ADDRESS: 26200 REDLANDS BLVD. APT. 120	
CITY-ST-ZIP: HOLLYWOOD, FL 33019		CITY-ST-ZIP: REDLANDS, CA 92373	
TITLE: D	ALCAYDE, DEBORA I <input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALCAYDE, DEBORA I		NAME:	
STREET ADDRESS: 5846 SW 81 ST		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI, FL 33143		CITY-ST-ZIP:	
TITLE: D	SEVIUS, NICOLE <input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SEVIUS, NICOLE		NAME:	
STREET ADDRESS: 130 8TH AVE APT 8 "C"		STREET ADDRESS:	
CITY-ST-ZIP: BROOKLIN, NY 11215		CITY-ST-ZIP:	
TITLE: P	ALCAYDE, JOSE M <input checked="" type="checkbox"/> Delete	TITLE: P	ALCAYDE, JOSE M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALCAYDE, JOSE M		NAME: ALCAYDE, JOSE M.	
STREET ADDRESS: 5846 SW 81 STREET		STREET ADDRESS: 4001 GRIFFIN RD. APT. 26	
CITY-ST-ZIP: MIAMI, FL 33143		CITY-ST-ZIP: FT. LAUDERDALE, FL 33314	
TITLE: S	STRUBLE, JOHN H <input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STRUBLE, JOHN H		NAME:	
STREET ADDRESS: 5349 PLANTATION RD.		STREET ADDRESS:	
CITY-ST-ZIP: PLANTATION, FL 33317		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: D	YELLEN, BEN H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		NAME: YELLEN, BEN H.	
STREET ADDRESS:		STREET ADDRESS: 430 SOUTH BURNSIDE AVE. APT. H-E	
CITY-ST-ZIP:		CITY-ST-ZIP: LOS ANGELES, CA 90036	
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:  JOSE M ALCAYDE		DATE: 8.31.2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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09022004 Chg-NP CR2E037 (10/03)