

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2005
Secretary of State**

DOCUMENT# N01000003517

Entity Name: LIVING SPRING MINISTRIES USA, INC.

Current Principal Place of Business:

5846 PLANTATION RD
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85148
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 65-1024290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCAYDE, JOSE M
5846 PLANTATION RD
PLANTATION, FL 33317 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: T () Delete
Name: LUKENS, YENINA
Address: 26200 REDLANDS BLVD APT 120
City-St-Zip: REDLANDS, CA 92373

Title: D () Delete
Name: ALCAYDE, DEBORA I
Address: 5846 SW 81 ST
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: ALCAYDE, JOSE M
Address: 4001 GRIFFIN RD APT 26
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: S () Delete
Name: STRUBLE, JOHN H
Address: 5349 PLANTATION RD.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: YELLEN, BEN H
Address: 430 S. BURNSIDE AVE APT 3-E
City-St-Zip: LOS ANGELES, CA 90036

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

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 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 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: JOSE M ALCAYDE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date