


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90375 004 ****66.25

DOCUMENT # N01000003517	
1. Entity Name LIVING SPRING MINISTRIES USA, INC.	

Principal Place of Business 5846 PLANTATION RD PLANTATION, FL 33317	Mailing Address P.O. BOX 85148 HALLANDALE, FL 33008
---	---



2. Principal Place of Business 5349 PLANTATION RD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 85148 Suite, Apt. #, etc.
---	---

04202006 Chg-NP CR2E037 (11/05)

City & State PLANTATION, FL	City & State HALLANDALE, FL	4. FEI Number 65-1024290	Applied For <input type="checkbox"/> Not Applicable
--------------------------------	--------------------------------	-----------------------------	--

Zip 33317	Country	Zip 33008	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	---------	--------------	---------	--

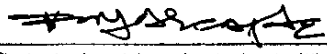
6. Name and Address of Current Registered Agent

ALCAYDE, JOSE M
5846 PLANTATION RD
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name ALCAYDE, JOSE M.
Street Address (P.O. Box Number is Not Acceptable)
5349 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 - President. 04.20.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

T NAME STREET ADDRESS CITY-ST-ZIP	T LUKENS, YENINA 26200 REDLANDS BLVD APT 120 REDLANDS, CA 92373	<input type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	D ALCAYDE, DEBORA I 5846 SW 81 ST MIAMI, FL 33143	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	P ALCAYDE, JOSE M 4001 GRIFFIN RD APT 26 FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete
S NAME STREET ADDRESS CITY-ST-ZIP	S STRUBLE, JOHN H 5349 PLANTATION RD. PLANTATION, FL 33317	<input type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	D YELLEN, BEN H 430 S. BURNSIDE AVE APT 3-E LOS ANGELES, CA 90036	<input type="checkbox"/> Delete
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME STREET ADDRESS CITY-ST-ZIP	T LUKENS YEMINA 26200 REDLANDS BLVD. APT. 120 REDLANDS, CA 92373	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P ALCAYDE JOSE M. 5349 PLANTATION RD. PLANTATION, FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  04.20.06 954 319 5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #