

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 05, 2007
Secretary of State**

DOCUMENT# N01000003517

Entity Name: LIVING SPRING MINISTRIES USA, INC.

Current Principal Place of Business:

5349 PLANTATION RD
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

POB 85148
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 65-1024290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALCAYDE, JOSE M
5349 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, YEMINA
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: 5349 PLANTATION RD
City-St-Zip: FORT LAUDERDALE, FL 33317

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 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: JOSE ALCAYDE

Electronic Signature of Signing Officer or Director

DIRE

06/05/2007

Date