

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003786

FILED
Apr 29, 2005
Secretary of State

Entity Name: LIVING WATERS CHRISTIAN FELLOWSHIP OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

86 EGLIN PARKWAY
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4461
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3725078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, ANITA J
349 KEPNER DRIVE
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

HILL, ANITA J
349 KEPNER DRIVE
FT WALTON BEACH, FL 32548 US

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: ANITA J HILL

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, CHARLIE C
Address: 281 BRIARWOOD CIRCLE NW
City-St-Zip: FT WALTON BEACH, FL 32548

Title: VP () Delete
Name: MALLIN, SHAWN
Address: 5 NE BEDFORD COURT
City-St-Zip: FT WALTON BEACH, FL 32547

Title: ST () Delete
Name: OSBORNE, ANITA J
Address: 349 KEPNER DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: HILL, ANITA J
Address: 349 KEPNER DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

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: ANITA J HILL

ST

04/29/2005

Electronic Signature of Signing Officer or Director

Date