2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N01000007127



 Aug 15, 2006 8:00 am Secretary of State
08-15-2006 90004 033 ***150.00

FILED

1. Entity Nam SPRING		G WATER OUTRE	ACH MINISTRY, IN	IC.							,,,,,,
Principal Plac	e of Business	S	Mailing Address				•	4010161	יי		
2580 SOUTH MILITARY TRAIL #B WEST PALM BEACH, FL 33415		2580 SOUTH MILITARY TRAIL #B WEST PALM BEACH, FL 33415			40101017						
2. Principal P	Place of Busin	ness	3. Mailing Address								
0.75 4.5							1 04 (8) 0	MAEDI (1811 AB)((8841) 68()	16 4 11 114 11 114 114 114 114		.1881 I JS 1
Suite, Apt,	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			06132006	Chg-P	CR2E	34 (11/05)	
City & Stat	e		City & State				4. FEI Number 65-114		•		plied For t Applicable
Zip		Country .	Zip	Cour	itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of New R	egistered	Agent	
	_				Name						
	TH MILITA	ARY TRAIL #B H, FL 33415			Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	9
8 The above	named entity	v submits this statement for	the purpose of changing its	radistar	ed office or a	racistara	d agent, or bot	h in the State of Eld		familiar with	and accord
	tions of regist					egistere	d agent, or bu	II, III IIIE Olale OI I K	Jilua. Talii	iaiiiiiai witti,	and accept
SIGNATURE	On Go Signature, typed	or printed name of registered agent a		LE C	d Agent signatur	e fequired y	vhen reinstating)	08)(2) <u>0</u> 6		
		FEE IS \$150.00 Itember 6, 2006	9. Election Campa Trust Fund Con				00 May Be d to Fees	In accordance v corporation did			
10.	,	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	DIRECTORS	3 IN 11
TITLE	PD		☐ Delete	TITL	E		- IES SHA	ALL		☐ Change	🔀 Addition
NAME		NALD O SR	n	NAM	EET ADDRESS	41	NW.	wna 2nd stre	et		
STREET ADDRESS 2580 SOUTH MILITARY TRAIL #E CITY-ST-ZIP WEST PALM BEACH, FL 33415		Ь		-ST-ZIP	BUY	INTON P	EACH, fl	334.2	5		
TITLE	VDC	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL						☐ Change	Addition
NAME .	BADIE, PA	AULINE		NAM	IE					_ •	_
STREET ADDRESS	1	DWARD LANE			ET ADDRESS						
CITY-ST-ZIP	LANTANA	N, FL 33462		CHY	-ST-ZIP						
TITLE NAME	1 4 4										
	M	BARRY	☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS	PERRIEL,	, BARRY FH BROADWAY	☐ Delete	NAM						☐ Change	☐ Addition
	PERRIEL. 570 SOUT		☐ Delete	NAM STRI	IE .					☐ Change	☐ Addition
STREET ADDRESS	PERRIEL, 570 SOUT LANTANA	TH BROADWAY A, FL 33462	☐ Delete	NAM STRI	EET ADDRESS '-ST-ZIP						☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PERRIEL, 570 SOUT LANTANA TVM MOODIE,	TH BROADWAY A, FL 33462 MARCIA		NAM STRI CITY TITLI NAM	EET ADDRESS -ST-ZIP E						
STREET ADDRESS CITY-ST-ZIP	PERRIEL, 570 SOUT LANTANA TVM ~ MOODIE, 417 N.W.	TH BROADWAY A, FL 33462 MARCIA 2ND STREET		NAM STRI CITY TITL NAM STRI	EET ADDRESS -ST-ZIP						
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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 607, 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: Donald D Ruid DONALD D. REID 08)10)06 561-4-32-8559	SIGNATURE AND TYPED OR PRIN	ED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	SIGNATURE: Donald D Ru	d. DONALD D.REID	08)10)06	561-4-32-8559