


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007127 1. Entity Name SPRING OF LIVING WATER OUTREACH MINISTRY, INC.	
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Principal Place of Business 2580 SOUTH MILITARY TRAIL #B WEST PALM BEACH, FL 33415	Mailing Address 2580 SOUTH MILITARY TRAIL #B WEST PALM BEACH, FL 33415
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1147570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REID, DONALD O 2580 SOUTH MILITARY TRAIL #B WEST PALM BEACH, FL 33415

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REID, DONALD O SR 2580 SOUTH MILITARY TRAIL #B WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC BADIE, PAULINE 3170 WINDWARD LANE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PERRIEL, BARRY 570 SOUTH BROADWAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVM MOODIE, MARCIA 417 N.W. 2ND STREET BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, MICHELLE 417 NORTH 4TH STREET, APT 1 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DAWES, SHAWNA 417 NW 2ND ST BOYNTON BEACH, FL 33435

<p>U00000716866 04/30/07-80025-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 O. Reid. 04/16/07 561/432/8559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #