

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007127

FILED
Mar 30, 2009
Secretary of State

Entity Name: SPRING OF LIVING WATER OUTREACH MINISTRY, INC.

Current Principal Place of Business:

2580 SOUTH MILITARY TRAIL #B
WEST PALM BEACH, FL 33415

New Principal Place of Business:

1301 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

Current Mailing Address:

2580 SOUTH MILITARY TRAIL #B
WEST PALM BEACH, FL 33415

New Mailing Address:

1112 WEDGEWOOD PLAZA DRIVE
WEST PALM BEACH, FL 33404

FEI Number: 65-1147570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, DONALD O
2580 SOUTH MILITARY TRAIL #B
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

REID, DONALD O
1112 WEDGEWOOD PLAZA DRIVE
WEST PALM BEACH, FL 33404 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: DONALD O. REID SR.

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REID, DONALD O SR
Address: 2580 SOUTH MILITARY TRAIL #B
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VDC () Delete
Name: BADIE, PAULINE
Address: 3170 WINDWARD LANE
City-St-Zip: LANTANA, FL 33462

Title: M () Delete
Name: PERRIEL, BARRY
Address: 570 SOUTH BROADWAY
City-St-Zip: LANTANA, FL 33462

Title: TVM () Delete
Name: MOODIE, MARCIA
Address: 417 N.W. 2ND STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: TAYLOR, MICHELLE
Address: 417 NORTH 4TH STREET, APT 1
City-St-Zip: LANTANA, FL 33462

Title: VT () Delete
Name: DAWES, SHAWNA
Address: 417 NW 2ND ST
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REID, DONALD O SR
Address: 1112 WEDGEWOOD PLAZA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33404

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD O. REID SR.

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date