2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003067

Title:

Name:

Address: City-St-Zip: SECR

(X) Delete

SIMONTCHIK, DANUTA

NORHT PORT, FL 34287 US

1528 BOTELLO RD

Entity Name: MISSION LIVING WATER, INC.

FILED Apr 21, 2008 Secretary of State

Current Pr	incipal Place o	f Business:	New Prince	New Principal Place of Business:			
1467 N LAN NORTH PO	/INA ST DRT, FL 34286	US		HWAY 22 E N, KY 40359	US		
Current Ma	ailing Address	:	New Mail	New Mailing Address:			
1467 N LAV NORTH PO	VINA ST DRT, FL 34286	US					
FEI Number:	61-1411914	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and	d Address of N	lew Registered Agent:		
PAVLYUK, FIODOR J 1467 N LAVINA ST NORTH PORT, FL 34286 US			1467 N LA	PAVLUKE, GEORGE V VPRS 1467 N LAVINA ST NORTH PORT, FL 34286 US			
The above in the State		bmits this statement for the p	ourpose of changing	its registered o	ffice or registered agent, or both	,	
SIGNATUR	RE: GEORGE \	ICTOR PAVLUKE		04/21/2008			
	Electronic	Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES	TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	PRES () D PAVLYUK, FIODO 1467 N LAVINA S NORTH PORT, FL	DR J T	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VPRS () D PAVLUKE, GEOR 5412 EVEREST T PORT CHARLOTT	ER	Title: Name: Address: City-St-Zip:	VPRS (X) PAVLUKE, GEO 8000 HIGHWAY OWENTON, KY	′ 22 E		
Title: Name: Address: City-St-Zip:	TRSR () D CHTCHAVLINSKI, 1735 STIMMEL S NORTH PORT, FL	Т	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	TRST (X) D GP AUTO SALES 4891 TROTT CIR NORTH PORT, FL	В	Title: Name: Address: City-St-Zip:	()	Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE VICTOR PAVLUKE VPRS 04/21/2008

() Change () Addition