


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005017**  
 1. Entity Name  
**WATER MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
**106 MATHE AVE.**      **P.O. BOX 1417**  
**INTERLACHEN, FL 32148**      **INTERLACHEN, FL 32148**

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**75-3069836**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MATHE, JOHN J JR.**  
**106 MATHE AVE.**  
**INTERLACHEN, FL 32148**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHE, JOHN J JR P.O. BOX 1417 INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATHE, MARGARET J P.O. BOX 1417 INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FABIAN, SUSAN 6159 LITTLE LAKE GENEVA RD KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000355827  
 05/04/05-80015-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J Mathe Jr.* <sup>PD</sup> 4/29/05      386-916-8092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #