# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# N02000006290

**Entity Name:** LIVING WATERS RENAISSANCE, INC.

**Current Principal Place of Business:**

85 1/2 SE 6 AVE
DELRAY BEACH,, FL 33444

**New Principal Place of Business:**

258 SE 6 AVE
DELRAY BEACH,, FL 33483

**Current Mailing Address:**

PO BOX 812405
BOCA RATON, FL 33481

**New Mailing Address:**

**FEI Number: 45-0503797** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOTT, SONIA B DR.
BRIGHTON F
222
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete
Name: ELLIOTT, SONIA B DR.
Address: BRIGHTON F #222
City-St-Zip: BOCA RATON, FL 33434

Title: MS. ( ) Delete
Name: VEGODA, DEVORAH
Address: 10807 W. CLAIRMONT CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: DR. ( ) Delete
Name: ALLEN, DEBRA
Address: 890 N.W. 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DR (X) Change ( ) Addition
Name: DARVILLE, ANNIE
Address: 3466 OLD DIXIE HWAY
City-St-Zip: BOYNTON BEACH, FL 33483

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRS ( ) Change (X) Addition
Name: LATORE, ELENA
Address: 2003 LINCOLN A
City-St-Zip: BOCA RATON, FL 33434

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.

SIGNATURE: DR. SONIA B. ELLIOTT PR 04/30/2008

Electronic Signature of Signing Officer or Director — Date