# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N02000006290

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

**Current Principal Place of Business:**

258 SE 6 AVE
DELRAY BEACH,, FL 33483

**New Principal Place of Business:**

**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: DR ( ) Delete
Name: DARVILLE, ANNIE
Address: 3466 OLD DIXIE HWAY
City-St-Zip: BOYNTON BEACH, FL 33483

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

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

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

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

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

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

Title: DR (X) Change ( ) Addition
Name: LATORE, ELENA MRS
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 ELLIOTT OFFI 04/28/2009

Electronic Signature of Signing Officer or Director — Date