

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000646

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LIVING WATER COMMUNITY, INC.

## Current Principal Place of Business:

6401 LYONS ROAD  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

6401 LYONS ROAD  
COCONUT CREEK, FL 33073

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRICE, DAVID T ESQ.  
6401 LYONS ROAD  
COCONUT CREEK, FL 33073 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: D ( ) Delete  
Name: PRICE, DAVID T  
Address: 6401 LYONS RD.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: MAINGOT, RHONDA  
Address: 109 FREDERICK ST  
City-St-Zip: PORT OF SPAIN TRINIDAD,

Title: D ( ) Delete  
Name: HAMMELSMITH, TIMOTHY  
Address: ELEVEN ALBION LANE  
City-St-Zip: PORT OF SPAIN TRINIDAD,

Title: D ( ) Delete  
Name: SCOTT, EVERARD  
Address: 6288 LAKESHORE DR  
City-St-Zip: MARGATTE, FL 33063

Title: D ( ) Delete  
Name: DEVERTEUIL, RAYMOND  
Address: 4618 DRAKE FALLS COURT  
City-St-Zip: KATY, TX 77450

Title: D ( ) Delete  
Name: SCOTT, ANDREW  
Address: 16635 ALDENHAM PL  
City-St-Zip: SPRING, TX 77379

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

SIGNATURE: DAVID T PRICE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date