

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90040 009 \*\*\*\*70.00

<b>DOCUMENT # N03000007926</b>					
<b>1. Entity Name</b> GOSPEL OF THEE LIVING WATER MINISTRY INCORPORATED					
<b>Principal Place of Business</b> 726 NE WASHINGTON ST. LAKE CITY, FL 32055			<b>Mailing Address</b> 726 NE WASHINGTON ST. LAKE CITY, FL 32055		
<i>Same as above</i> <b>2. Principal Place of Business</b>			<i>Same as above</i> <b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08112005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 43-2028062				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NEWTON, MARILYN 127 SW FALCON CT LAKE CITY, FL 32024			<b>7. Name and Address of New Registered Agent</b> Name <u>Nelson Marilyn</u> Street Address (P.O. Box Number is Not Acceptable) <u>127 Sw Falcon Ct</u> City <u>Lake City</u> <u>FL</u> Zip Code <u>32024</u>		
<b>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.</b>					
SIGNATURE <u>Marilyn Nelson</u> <u>Marilyn Nelson</u> <u>8-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> NEWTON, MARILYN 127 SW FALCON ST LAKE CITY, FL 32024 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nelson Marilyn 127 sw Falcon ct. Lake city FL 32024		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> NEWTON, JALONY 127 SW FALCON CT LAKE CITY, FL 32024 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> BELL, PAMELA S 127 SW FALCON CT LAKE CITY, FL 32024 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE: Marilyn Nelson</b> <u>Marilyn Nelson</u> <u>8-12-05</u> <u>(386) 255-7039</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					