


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT #N03000007926 1. Entity Name GOSPEL OF THEE LIVING WATER MINISTRY INCORPORATED	
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Principal Place of Business 726 NE WASHINGTON ST. LAKE CITY, FL 32055	Mailing Address 726 NE WASHINGTON ST. LAKE CITY, FL 32055
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01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-2028062	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NELSON, MARILYN 127 SW FALCON CT LAKE CITY, FL 32024

**DO NOT WRITE
IN THIS SPACE**

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 Marilyn Nelson (NOTE: Registered Agent signature required when reinstating) DATE 8-25-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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 NELSON, MARILYN 127 SW FALCON ST LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, JALONY 127 SW FALCON CT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, PAMELA S 127 SW FALCON CT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, JOE 127 SW FALCON CT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/30/07-80001-008 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marilyn Nelson Date 8-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR