

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90302 038 \*\*\*\*70.00

**DOCUMENT # N04000004532**

1. Entity Name  
**LIVING WATERS FELLOWSHIP, INC.**



Principal Place of Business  
**2207 JOEL BOULEVARD  
ALVA, FL 33920**

Mailing Address  
**2207 JOEL BOULEVARD  
ALVA, FL 33920**

40088137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-1061426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEZARES, RAYMOND T  
1209 GREENWOOD AVE  
LEHIGH ACRES, FL 33972**

Name **Robert N. Akers**

Street Address (P.O. Box Number is Not Acceptable)  
**211 Fireside Ct.**

City **Lehigh Acres** **FL** **33936**

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

**Robert N. Akers, pastor Robert N. Akers 5-1-06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **D** ☐ Delete  
NAME **AKERS, ROBERT N**  
STREET ADDRESS **211 FIRESIDE COURT**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BEZARES, RAYMOND T**  
STREET ADDRESS **1209 GREENWOOD AVE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **AKERS, MICHELLE**  
STREET ADDRESS **211 FIRESIDE COURT**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BEZARES, MARCI J**  
STREET ADDRESS **1209 GREENWOOD AVE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Robert N. Akers** **Robert N. Akers** **5-1-06** **239-580-9435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #