2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# N04000007981

Entity Name: LIVING WATERS MINISTRIES INC.

Current Principal Place of Business:

17663 ORANGE GROVE BLVD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

17663 ORANGE GROVE BLVD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-0098366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUERTAS, PATRICE N
17663 ORANGE GROVE BLVD.
LOXAHATCHEE, FL 33470 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:	PD	( ) Delete
Name:	HUERTAS, ROBERT	
Address:	17663 ORANGE GROVE BLVD.	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	NICHOLAS, MICHAEL J	
Address:	5958 BAY HILL CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	SD	( ) Delete
Name:	HUERTAS, PATRICE	
Address:	17663 ORANGE GROVE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	GATES, STEVEN	
Address:	907 E. 15TH ST.	
City-St-Zip:	JASPER, IN 47564	
Title:	D	( ) Delete
Name:	FRANCISCON, MARILYN	
Address:	7736 FOROSTAY DR.	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	TD	( ) Delete
Name:	SMITH, ANNYANA ESQ.	
Address:	P.O. BOX 1105	
City-St-Zip:	VACHERIE, LA 70090	

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: PATRICE HUERTAS SD 05/30/2009
Electronic Signature of Signing Officer or Director — Date