

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005894

FILED  
Mar 23, 2006  
Secretary of State

**Entity Name:** SPRINGS OF LIVING WATER PRISON MINISTRIES, INC.

**Current Principal Place of Business:**

4444 BROOKSDALE DR  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

4444 BROOKSDALE DR  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 42-1671158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAUGH, SHARON  
4444 BROOKSIDE DR  
SARASOTA, FL 34232 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: WAUGH, SHARON  
Address: 4444 BROOKSDALE DR  
City-St-Zip: SARASOTA, FL 34232

Title: DT ( ) Delete  
Name: FRIES, JUNE  
Address: 3222 TEAL AVE  
City-St-Zip: SARASOTA, FL 34232

Title: DS ( ) Delete  
Name: FRIES, PHIL  
Address: 3222 TEAL AVE  
City-St-Zip: SARASOTA, FL 34232

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON WAUGHS

PD

03/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date