

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011169

FILED
Jan 23, 2007
Secretary of State

Entity Name: LIVING WATERS COMMUNITY LINK, INC.

Current Principal Place of Business:

120 MCKEY STREET
OCOOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

120 MCKEY STREET
OCOOEE, FL 34761

New Mailing Address:

FEI Number: 51-0512435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ-DIAZ PA
9753 S ORANGE BLOSSOM TRAIL SUITE 101
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

GLICKESTEIN LAVAL CPA
1061 WINDERLY PLACE
#100
MAITLAND, FL 32794 US

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: ROD LAVAL

01/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: SARMIENTO, CARLOS CHAIR
Address: 22717 STALLION DR
City-St-Zip: SORRENTO, FL 34761

Title: MR. (X) Delete
Name: BAILEY, FRANK O
Address: 3999 SHADOWIND WAY
City-St-Zip: GOTHAM, FL 34734

Title: DV () Delete
Name: SERRANO, MADELEINE VP
Address: 143 KNIGHTS HOLLOW DR
City-St-Zip: APOPKA, FL 32712

Title: MR () Delete
Name: ROSARIO, JAY
Address: 1101 E HWY 50
City-St-Zip: CLERMONT, FL 34711

Title: MR () Delete
Name: SONG, KEVIN TRES
Address: 691 KNIGHTSWOOD DR
City-St-Zip: ORLANDO, FL 32818

Title: MR (X) Delete
Name: GORDON, RON O
Address: 32702 WOLF'S TRAIL
City-St-Zip: SORRENTO, FL 32776

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
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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: CARLOS SARMIENTO

D

01/23/2007

Electronic Signature of Signing Officer or Director

Date