## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012574

Entity Name: LIVING WATER 4 ROATAN, INC.

Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7054 MADRID AVENUE JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

7054 MADRID AVENUE JACKSONVILLE, FL 32217

FEI Number: 20-4201515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SIZEMORE, MARK 7054 MADRID AVENUE JACKSONVILLE, FL 32217 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic Olghatare of registered

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: ZITTROWER, EDWIN H Name: ZITTROWER, EDWIN H

 Address:
 4592 MISTY DAWN COURT NORTH
 Address:
 PO BOX 550581

 City-St-Zip:
 JACKSONVILLE, FL 32277
 City-St-Zip:
 JACKSONVILLE, FL 322550581

Title: VD ( ) Delete Title: ( ) Change ( ) Addition Name: ZITTROWER, EDWIN J Name:

Address: 4592 MISTY DAWN COURT NORTH Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip:

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$ 

Name: ZITTROWER, FRANCES Name: ZITTROWER, FRANCES

 Address:
 4592 MISTY DAWN COURT NORTH
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 PO BOX 550581

 City-St-Zip:
 JACKSONVILLE, FL 32277
 City-St-Zip:
 JACKSONVILLE, FL 322550581

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Title:
 STD () Delete
 Title:

 Name:
 SIZEMORE, MARK
 Name:

 Address:
 7054 MADRID AVENUE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32217
 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: MARK F SIZEMORE STD 04/29/2008