2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012574

Entity Name: LIVING WATER 4 ROATAN, INC.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7054 MADRID AVENUE 4800 SPRING PARK ROAD JACKSONVILLE, FL 32217

SUITE 200

JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

7054 MADRID AVENUE PO BOX 550581

JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32255

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 IMBACH, CHRISTOPHER E 7054 MADRID AVENUE

4861 TRAWLER CT. JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32217 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: CHRISTOPHER IMBACH 04/03/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

ZITTROWER, EDWIN H Name: Name: PO BOX 550581 Address: Address: City-St-Zip: JACKSONVILLE, FL 322550581 City-St-Zip:

Title: VD () Delete Title: PED (X) Change () Addition

ZITTROWER, EDWIN J Name: IMBACH, THERESA E Name: Address: 4592 MISTY DAWN COURT NORTH Address: 4861 TRAWLER CT.

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32225

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

ZITTROWER, FRANCES LANG, RUSSELL L Name: Name: PO BOX 550581 Address: Address: 3222 HERMITAGE ROAD City-St-Zip: JACKSONVILLE, FL 322550581 City-St-Zip: JACKSONVILLE, FL 32277

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

Name: SIZEMORE, MARK Name: IMBACH, CHRISTOPHER E 7054 MADRID AVENUE Address: Address: 4861 TRAWLER CT City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32225

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

ADAMS, REBECCA T Name: Name:

7993 N.W. COUNTY ROAD 146 Address: Address:

City-St-Zip: City-St-Zip: JENNINGS, FL 32053

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: CHRISTOPHER IMBACH TD 04/03/2009