

FILE NOW: FILING FEE IS \$61.25

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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05245** (8)

1. Corporation Name

LIVING WATER MINISTRIES OF JACKSONVILLE, INC.



Principal Place of Business	Mailing Address
6459 BALLEJO CT NORTH JACKSONVILLE FL 32210 US	6459 NORTH BALLEJO COURT JACKSONVILLE FL 32210-5037 US

3. Date Incorporated or Qualified 09/20/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 4315 Fender Ct.	26 4315 Fender Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Zip
24 32210	29 32210
Country	Country
25 USA	30 USA

4. FEI Number 59-2480926	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HOUSE, REV. RONALD K. 6459 NORTH BALLEJO COURT JACKSONVILLE FL 32210	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	HOUSE, REV. RONALD K.
STREET ADDRESS	6459 NORTH BALLEJO COURT
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	NAME
STD	CUMMINGS, EDWARD
STREET ADDRESS	3846 ORLANDO CIR. W.
CITY - ST - ZIP	JACKSONVILLE FL 32207
TITLE	NAME
VD	HOUSE, MARTHA C
STREET ADDRESS	6459 NORTH BALLEJO COURT
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	House, Rev Ronald K
1.3 STREET ADDRESS	4315 Fender Ct.
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V. P. D
3.2 NAME	House, Martha C
3.3 STREET ADDRESS	4315 Fender Ct.
3.4 CITY - ST - ZIP	JACKSONVILLE FL 32210
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)