

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05245			
1. Corporation Name LIVING WATER MINISTRIES OF JACKSONVILLE, INC.			
Principal Place of Business 4315 FENDER CT JACKSONVILLE FL 32210 US		Mailing Address 4315 FENDER CT JACKSONVILLE FL 32210 US	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	22 City & State	09/20/1984	
23 Zip	24 Country	4. FEI Number 59-2480926	
25		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		7. Name and Address of Current Registered Agent	
28		8. Name and Address of New Registered Agent	
29		81 Name Rev. Ronald K. House	
30		82 Street Address (P.O. Box Number is Not Acceptable) 4315 Fender Ct.	
31		83	
32		84 City Jacksonville FL 85 Zip Code 32210	
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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	HOUSE, REV. RONALD K.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4315 FENDER CT	1.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL	1.3 STREET ADDRESS	
STD	CUMMINGS, EDWARD	1.4 CITY-ST-ZIP	
STREET ADDRESS	3846 ORLANDO CIR. W.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.2 NAME	
VPD	HOUSE, MARTHA C	2.3 STREET ADDRESS	
STREET ADDRESS	4315 FENDER CT	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rev. Ronald K. House

3/23/94
 Date

904-777-9563
 Daytime Phone #