

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90967 029 ****70.00

DOCUMENT # N05245

1. Entity Name

LIVING WATER MINISTRIES OF JACKSONVILLE, INC.



Principal Place of Business

8362 KIPLING CT.
JACKSONVILLE FL 32244
US

Mailing Address

8362 KIPLING CT.
JACKSONVILLE FL 32244
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Living Water Min
1636 Laura Street
Jacksonville Florida
32206
U.S

4. FEI Number **59-2480926**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUSE, RONALD K REV.
8362 KIPLING CT.
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rev. Ronald K. House*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HOUSE, REV. RONALD K.**
STREET ADDRESS **8362 KIPLING CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **STD** ☐ Delete
NAME **CUMMINGS, EDWARD**
STREET ADDRESS **3846 ORLANDO CIR. WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VPD** ☒ Delete
NAME **HOUSE, MARTHA C**
STREET ADDRESS **8362 KIPLING CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME **Mauren, Robert A.**
STREET ADDRESS **1636 Laura Street**
CITY-ST-ZIP **JACKSONVILLE, Florida 32206**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Ronald K. House

4-26-2003

904-777-9563

CR2E037 (10/02)