

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002632

FILED
Mar 15, 2009
Secretary of State

Entity Name: JESUS IS LIVING WATERS MINISTRIES INC.

Current Principal Place of Business:

1452 MERCY DR
119
ORLANDO, FL 32808

New Principal Place of Business:

750 S. ORANGE BLOSSOM TRAIL
263
ORLANDO, FL 32805

Current Mailing Address:

1452 MERCY DR
119
ORLANDO, FL 32808

New Mailing Address:

750 S. ORANGE BLOSSOM TRAIL
263
ORLANDO, FL 32805

FEI Number: 26-2610093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PAMELA
1452 MERCY DR
119
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

MURPHY, PAMELA PASTOR
1452 MERCY DR
119
ORLANDO, FL 32808 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: PAMELA MURPHY

03/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, PAMELA PASTOR
Address: 1452 MERCY DR APT 119
City-St-Zip: ORLANDO, FL 32808

Title: M () Delete
Name: BURKS, HOPE
Address: 5497 TIMBERLEAF APT. 1502
City-St-Zip: ORLANDO, FL 32814

Title: S () Delete
Name: BURKS, LATRENDIA
Address: 5497 TIMBERLEAF APT. 1502
City-St-Zip: ORLANDO, FL 32814

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BURKS, HOPE
Address: 428 AZORES AVE
City-St-Zip: ORLANDO, FL 32811

Title: E (X) Change () Addition
Name: VINSON, SABRINA
Address: 6219 RILEY STREET
City-St-Zip: ORLANDO, FL 32825

Title: A () Change (X) Addition
Name: MCBRIDE, LAMONT
Address: 7211 POMELO DR
City-St-Zip: ORLANDO, FL 32819

Title: M () Change (X) Addition
Name: ALLEN, TAMMY
Address: 1452 MERCY DR APT 119
City-St-Zip: ORLANDO, FL 32819

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: PAMELA MURPHY

P

03/15/2009

Electronic Signature of Signing Officer or Director

Date