

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005071

1. Entity Name
**LIVING WATERS COMMUNITY FELLOWSHIP
MINISTRIES, INC.**



Principal Place of Business
**600 NORTH HWY 17-92 STE #166
LONGWOOD, FL 32750**

Mailing Address
**600 NORTH HWY 17-92 STE #166
LONGWOOD, FL 32750**



04272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
14-1960544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BALLARD, ARTHUR
600 NORTH HWY 17-92 STE #166
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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 *Sarah B. Ballard (D) CO-PASTOR*

4/27/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000938044
05/27/08-80075-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BALLARD I, ARTHUR R
STREET ADDRESS	287 ANCHOR ROAD
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	BALLARD, SARAH B
STREET ADDRESS	287 ANCHOR ROAD
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	BROOKS, DEANGELA
STREET ADDRESS	849 S. WYMORE #26B
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	LEAK, KIMBERLY
STREET ADDRESS	21 S COLLEGE AVENUE
CITY-ST-ZIP	EATONVILLE, FL 32751
TITLE	D
NAME	JACKSON, DOROTHY
STREET ADDRESS	617 LAKE MOBILE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Arthur R Ballard I DP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08

Date

Daytime Phone #