

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005071

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



FILED

09 MAY 29 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04282009 Chg-NP CR2E037 (11/08)

4. FEI Number
14-1960544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BALLARD, ARTHUR
600 NORTH HWY 17-92 STE #166
LONGWOOD, FL 32750

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

Filing Fee is \$61.25 Due by May 1, 2009

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALLARD I, ARTHUR R 287 ANCHOR ROAD CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200156574122 05/29/09--01003--020 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, SARAH B 287 ANCHOR ROAD CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, DEANGELA 849 S. WYMORE #26B ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, DEANGELA B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 849 S. WYMORE ROAD # 31B ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAK, KIMBERLY 21 S COLLEGE AVENUE EATONVILLE, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAK, KIMBERLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 BLUE HERON LANE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DOROTHY 617 LAKE MOBILE DRIVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sarah B. Ballard 4/28/09 407-463-9132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/3/09