

N060000005071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000159881240

BA
Change

09/02/09--01027--006 **35.00

FILED
2009 SEP 28 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00709, 00614, 00671

BA
9/29/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2009

Sarah Ballard
Living Waters Community Fellowship
241 Live Oaks Blvd.
Casselberry, FL 32750

SUBJECT: LIVING WATERS COMMUNITY FELLOWSHIP MINISTRIES, INC.
Ref. Number: N06000005071

We have received your document for LIVING WATERS COMMUNITY FELLOWSHIP MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 709A00029499

RECEIVED
2009 SEP 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Address: Living Waters Community Fellowship Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000005071

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Ballard
Name of Contact Person

Living Waters Community Fellowship Ministries, Inc.
Firm/Company

241 Live Oaks Blvd.
Address

Casselberry, FL 232707
City/State and Zip Code

ballardsarah1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Ballard at (407) 463-9132
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Living Waters Community Fellowship Ministries, Inc.

2. The principal office address: 241 Live Oaks Blvd. Bldg.#5 Casselberry, FL 32707

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/08/06 Document number: N06000005071

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Arthur Ballard

600 N HWY 1792 #166

Longwood, FL 32750

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Arthur Ballard

241 Live Oaks Blvd., Bldg#5 Casselberry, FL 32707

P.O. Box NOT acceptable

FILED
2009 SEP 28 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sarah Ballard, Director
Signature of an officer or director

SARAH BALLARD
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)