

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005071

FILED
Apr 02, 2010
Secretary of State

Entity Name: LIVING WATERS COMMUNITY FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

241 LIVE OAKS BLVD.
BLDG 5
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

241 LIVE OAKS BLVD.
BLDG 5
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 14-1960544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLARD, ARTHUR
241 LIVE OAKS BLVD.
BLDG 5
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: BALLARD I, ARTHUR R
Address: 287 ANCHOR ROAD
City-St-Zip: CASSELBERRY, FL 32707

Title: D
Name: BALLARD, SARAH B
Address: 287 ANCHOR ROAD
City-St-Zip: CASSELBERRY, FL 32707

Title: D
Name: BROOKS, DEANGELA
Address: 849 S. WYMORE #318
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: LEAK, KIMBERLY
Address: 102 BLUE HERON LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: D
Name: JACKSON, DOROTHY
Address: 617 LAKE MOBILE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: SARAH BALLARD

D

04/02/2010

Electronic Signature of Signing Officer or Director

Date