

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000005425</b> 1. Entity Name LIVING WATER COMMUNITY CHURCH OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 2041 E. LAKE MARY BLVD. SANFORD, FL 32773	Mailing Address 2041 E. LAKE MARY BLVD. SANFORD, FL 32773
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**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>03-0592466</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TIMMONS, JIM  
 2041 E. LAKE MARY BLVD.  
 SANFORD, FL 32773

**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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARTWIG, MIKE
STREET ADDRESS	2041 E. LAKE MARY BLVD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	D
NAME	DEER, HARRY
STREET ADDRESS	2041 E. LAKE MARY BLVD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	D
NAME	TIMMONS, JIM
STREET ADDRESS	2041 E. LAKE MARY BLVD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	D
NAME	BRADEN, KIP
STREET ADDRESS	2041 E. LAKE MARY BLVD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000861250  
 04/03/08-80001-019 61.25

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:** Jim Timmons **JIM TIMMONS** 3-13-08 407-322-3742

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