

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

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

DOCUMENT # N06000005425

1. Entity Name
**LIVING WATER COMMUNITY CHURCH OF CENTRAL
FLORIDA, INC.**



Principal Place of Business
**2041 E. LAKE MARY BLVD.
SANFORD, FL 32773**

Mailing Address
**2041 E. LAKE MARY BLVD.
SANFORD, FL 32773**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
03-0592466

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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 _____

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

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

U000000861250
04/03/08-80001-019 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM TIMMONS

3-13-08

407-322-3742

Date

Daytime Phone #