

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009301

FILED
Jan 16, 2009
Secretary of State

Entity Name: LIVING WATER INTERNATIONAL, INC.

Current Principal Place of Business:

4901-A FOREST CREEK DR
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4901 FOREST CREEK DR
PACE, FL 32571

New Mailing Address:

FEI Number: 20-5408317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, RONALD
4901 FOREST CREEK DR
PACE, FL 32571 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: PD () Delete
Name: KELLY, RONALD PASTOR
Address: 4901 FOREST CREEK DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: MCANULTY, KEVIN PASTOR
Address: 472 RED ROBIN LN
City-St-Zip: POPLAR BLUFF, MO 639017929

Title: VPD () Delete
Name: SUMRALL, KENNETH PASTOR
Address: 4900 FOREST CREEK DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: KELLY, PATRICIA MRS
Address: 4901 FOREST CREEK DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: STANFORD, CHARLES PASTOR
Address: 2075 E NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: ROBERTS, TOM PASTOR
Address: 304 EMERY WOOD DR
City-St-Zip: MOREHEAD CITY, NC 28557 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD KELLY

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date