2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N07000000719

Entity Name: LIVING WATERS CHRISTIAN FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

3948 SUNSET ROAD
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

3948 SUNSET ROAD
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-5245258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARCHOL, GARY REV
3948 SUNSET ROAD
LEHIGH ACRES, FL 33971 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 ( ) Delete
Name: WARCHOL, GARY REV
Address: 3948 SUNSET ROAD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: DVP ( ) Delete
Name: BURKHEAD, MARK REV
Address: 2516 14TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DS ( ) Delete
Name: DE LONG, BEATRICE
Address: 1207 BARNSDALE STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT ( ) Delete
Name: ALDERMAN, BONITA
Address: 113 MCARTHUR AVE
City-St-Zip: LEHIGH ACRES, FL 33972

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:

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: GARY WARCHOL DP 01/05/2008

Electronic Signature of Signing Officer or Director — Date