# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jan 31, 2008**
**Secretary of State**

DOCUMENT# N07000001847

**Entity Name:** LIVING WATERS CHRISTIAN CENTER INC

**Current Principal Place of Business:**

639 ELDER CT
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

639 ELDER CT
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number: 20-8488434** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUARTE, MICHELLE
639 ELDER CT
ALTAMONTE SPGS, FL 32714 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: P ( ) Delete
Name: DUARTE, MICHELLLE L PASTOR
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: DUARTE, JOSEPH M
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Change (X) Addition
Name: SANDFORD, AIRELLE R
Address: 969 VINERIDGE RUN #208
City-St-Zip: ALTAMONTE SPRIMGS, FL 32714 US

Title: D ( ) Change (X) Addition
Name: LEWIS, ANDREW J
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D ( ) Change (X) Addition
Name: JOHNSON, MONICA J
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MICHELLE DUARTE PRES 01/31/2008
Electronic Signature of Signing Officer or Director — Date