2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2010
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 (X)**

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
Name: DUARTE, MICHELLLE L PASTOR
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: D
Name: SHANSKY, AIRELLE R
Address: 969 VINERIDGE RUN #208
City-St-Zip: ALTAMONTE SPRIMGS, FL 32714 US

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

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

Title: D
Name: LEWIS, JENNIFER
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DUARTE P 02/19/2010

Electronic Signature of Signing Officer or Director — Date