

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004117

FILED
Apr 23, 2009
Secretary of State

Entity Name: LIVING WATER CATHEDRAL, INC.

Current Principal Place of Business:

36 BOLLING LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 354627
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 20-8913552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, ANTHONY M
36 BOLLING LANE
PALM COAST, FL 32137 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: PRS () Delete
Name: GRAHAM, ANTHONY
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

Title: VPRS () Delete
Name: GRAHAM, SUSAN
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

Title: DIR () Delete
Name: STOKES, VINCENT
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

Title: DIR () Delete
Name: STOKES, BRENDA
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

Title: DIR () Delete
Name: GREAVES, RODNEY
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

Title: DIR () Delete
Name: MOORE, LISA
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

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: DIR (X) Change () Addition
Name: GENTLE, EDDIE
Address: P.O. BOX 354627
City-St-Zip: PALM COAST, FL 32135

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: ANTHONY M. GRAHAM

PRS

04/23/2009

Electronic Signature of Signing Officer or Director

Date