


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90288 045 ****61.25

DOCUMENT # N15517

1. Entity Name
 LIVING WATERS FULL GOSPEL CHURCH OF
 HOMESTEAD INC.



Principal Place of Business
 155 N.E. 15TH STREET
 HOMESTEAD, FL 33030

Mailing Address
 PO BOX 901695
 HOMESTEAD, FL 33030



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04162004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

CISCO, ROBERT A
 16830 SW 201ST STREET
 HOMESTEAD, FL 33030

4. FEI Number
 65-0435150

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Cisco* DATE *04/25/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TUBERVILLE, JERRY	
STREET ADDRESS	15275 SW 152ND CT.	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DOWNING, RICHARD	
STREET ADDRESS	15281 SW 29TH TERRACE	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, DEBRA J	
STREET ADDRESS	14525 SW 288TH ST	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, DEBRA J	
STREET ADDRESS	19800 SW 180TH AVENUE # 564	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Cisco	
STREET ADDRESS	16830 SW 301 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA J. RAMIREZ	
STREET ADDRESS	19800 SW 180 AVE # 564	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET RAMIREZ	
STREET ADDRESS	20407 SW 126 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHIE NEWTON	
STREET ADDRESS	1510 NW 9 CT.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Cisco* DATE: *04/25/04* DAYTIME PHONE #: *305245-7640*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #