

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N15517
1. Entity Name
**LIVING WATERS FULL GOSPEL CHURCH OF
HOMESTEAD INC.**



Principal Place of Business Mailing Address
**155 N.E. 15TH STREET
HOMESTEAD, FL 33030** **PO BOX 901695
HOMESTEAD, FL 33030**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0435150 Not Applicable

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

6. Name and Address of Current Registered Agent
**CISCO, ROBERT A
16830 SW 201ST STREET
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CISCO, ROBERT A 16830 SW 301 ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, DEBRA J 19800 SW 180 AVE., #564 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMIREZ, MARGARETTE 26467 SW 126 AVE. HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWTON, KATTIE 1510 NW 9 CT. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000350257
05/02/05-80098-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **04/28/05** **305-245-7640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #