


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N15517 1. Entity Name LIVING WATERS FULL GOSPEL CHURCH OF HOMESTEAD INC.	
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Principal Place of Business 155 N.E. 15TH STREET HOMESTEAD, FL 33030	Mailing Address PO BOX 901695 HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0435150	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2007**

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	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	

U00000747570
05/17/07-80029-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Pres** 04/24/07 305245-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #