

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0435150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature typed or printed name of registered agent and, if applicable, (NOT IF Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000920067
 05/14/08-80028-024 61.25

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 fees empowered.

SIGNATURE: Robert A. Cisco **04/18/08 3052457640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #