2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16821

Name:

Address:

City-St-Zip:

FILED Mar 31, 2005 Secretary of State

Entity Name: LIVING SPRINGS FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: C/O VINCENT S SPENCER 26471 STATE ROAD 247 PO BOX 207 BRANFORD, FL 32008 **New Mailing Address: Current Mailing Address:** C/O VINCENT S SPENCER 26471 STATE ROAD 247 PO BOX 207 BRANFORD, FL 32008 US FEI Number: 59-2240730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPENCER, VINCENT 7756 264TH ST BRANFORD, FL 32008 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SPENCER, VINCENT SPENCER, VINCENT Name: Name: 7756 264TH ST., GOVERNOR ST. Address: 7756 264TH ST. Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: BRANFORD, FL 32008 Title: Title: () Delete () Change () Addition LEE, WILLIAM J Name: Name: Address: 20620 US 129 Address: City-St-Zip: OBRIEN, FL 32071 City-St-Zip: Title: () Delete Title: () Change () Addition METZGAR, WILLIAM D Name: Name: Address: 20425 33RD, DRIVE Address: City-St-Zip: WELLBORN, FL 32094 City-St-Zip: Title: () Delete Title: () Change () Addition LEE, ROBBIE Name: Name: Address: 8598 274TH STREET Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition VOUGHT, LINDA Name: Name: 6754 COUNTY ROAD 248 Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

THOMPSON, CHARLES

21038 US 129 O'BRIEN, FL 32071

SIGNATURE: VINCENT S. SPENCER PD 03/31/2005