

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16821

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: LIVING SPRINGS FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

LIVING SPRINGS FAMILY WORSHIP CENTER  
26471 STATE ROAD 247  
BRANFORD, FL 32008 US

**New Principal Place of Business:**

**Current Mailing Address:**

LIVING SPRINGS FAMILY WORSHIP CENTER  
PO BOX 207  
BRANFORD, FL 32008 US

**New Mailing Address:**

FEI Number: 59-2240730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPENCER, VINCENT  
7756 264TH ST  
BRANFORD, FL 32008 US

**Name and Address of New Registered Agent:**

FISHER, REX  
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: REX FISHER      04/30/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPENCER, VINCENT  
Address: 7756 264TH ST.  
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete  
Name: MAJORS, MARK DR.  
Address: 701 N.E. O'BRIEN AVENUE  
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete  
Name: LEE, ROBBIE  
Address: 8598 274TH STREET  
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete  
Name: VOUGHT, LINDA  
Address: 6754 COUNTY ROAD 248  
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete  
Name: THOMPSON, CHARLES  
Address: 21038 US 129  
City-St-Zip: O'BRIEN, FL 32071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FISHER, REX  
Address: 7756 264TH ST.  
City-St-Zip: BRANFORD, FL 32008

Title: D (X) Change ( ) Addition  
Name: LEE, WILLIAM  
Address: 20620 U.S. HIGHWAY 129  
City-St-Zip: O'BRIEN, FL 32071

Title: D (X) Change ( ) Addition  
Name: SIMPSON, DIANE  
Address: 20228 125TH PLACE  
City-St-Zip: O'BRIEN, FL 32071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LINDA VOUGHT      D      04/30/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date