

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N16821

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:

FISHER, REX
7756 264TH ST
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

ISTRE, CHARLES A PASTOR
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: CHARLES A. ISTRE

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) 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: ISTRE, CHARLES A
Address: 7756 264TH ST.
City-St-Zip: BRANFORD, FL 32008

Title: D (X) Change () Addition
Name: THOMPSON, CHARLES
Address: 24892 49TH ROAD
City-St-Zip: O'BRIEN, FL 32071

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

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: CHARLES A. ISTRE

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date