

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
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:

ISTRE, CHARLES A PASTOR
7756 264TH ST
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PASTOR CHARLES A. ISTRE

PD

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date