FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **N25525** **(9)**

1. Corporation Name

LIVING WATER CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
6850 LIVING WATER PLACE TAMPA FL 33610	6850 LIVING WATER PLACE TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1988
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2852193 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6850 Living Water Place	26 6850 Living Water Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip / Country 24 33610 / 25 Hillsborough	Zip / Country 29 33610 / 30 Hillsborough

9. Name and Address of Current Registered Agent

BING, ANITA
100 S. ASHLEY DRIVE
STE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name: Bing, Anita K. Esq.
32 Street Address (P.O. Box Number is Not Acceptable): 6850 Living Water Place
33
34 City: Tampa **FL** 35 Zip Code: 33610

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anita K Bing — 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	11 TITLE	PTC	☒ Change ☐ Addition
NAME	CLARK, RONALD HAMILTON	12 NAME	Clark, Ronald H Dr	
STREET ADDRESS	2222 EAGLE BLUFF	13 STREET ADDRESS	6850 Living Water Place	
CITY-ST-ZIP	VELRICO FL	14 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	SD	21 TITLE	ST	☒ Change ☐ Addition
NAME	CLARK, BELITA BELINDA	22 NAME	Clark, Belita Belinda	
STREET ADDRESS	2222 EAGLE BLUFF	23 STREET ADDRESS	6850 Living Water Place	
CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	VD	31 TITLE	VP T	☒ Change ☐ Addition
NAME	KASEMAN, JAMES	32 NAME	Kaseman, James Dr	
STREET ADDRESS	P.O. BOX 701888 N/A	33 STREET ADDRESS	3448 E. 81st STREET STE. 4200	
CITY-ST-ZIP	TULSA OK	34 CITY-ST-ZIP	Tulsa, OK 74137	
TITLE	TD	41 TITLE	T Tres	☒ Change ☐ Addition
NAME	GILLIGAN, TIM	42 NAME	Gillian, Tim Rev	
STREET ADDRESS	165 S.E. 32ND PLACE	43 STREET ADDRESS	165 S.E. 32nd Place	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, FL 34471-5131	
TITLE	D	51 TITLE	T	☒ Change ☐ Addition
NAME	DAVIS, MICHAEL A	52 NAME	Davis, Michael A	
STREET ADDRESS	332 HOLLOWTREE DRIVE	53 STREET ADDRESS	2248 Eagle Bluff Dr.	
CITY-ST-ZIP	SEFFNER FL	54 CITY-ST-ZIP	Valrico, FL 33592	
TITLE	AT	61 TITLE	T	☒ Change ☐ Addition
NAME	HILLMAN, DOROTHY JANE	62 NAME	Stewart, Ken Dr	
STREET ADDRESS	1645 PALM LEAF DR	63 STREET ADDRESS	Route 1 Box 53A	
CITY-ST-ZIP	BRANDON FL	64 CITY-ST-ZIP	Cowcta, OK 74429	

REMITTED BY [illegible]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRES. 27 APR 95 (813) 620-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014107