

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90143 025 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25525

1. Corporation Name

LIVING WATER CHURCH OF TAMPA, INC.

Principal Place of Business
**6850 LIVING WATER PLACE
TAMPA FL 33610**

Mailing Address
**6850 LIVING WATER PLACE
TAMPA FL 33610**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/21/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2852193

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEISTER, TRACEY
6850 LIVING WATER PLACE
TAMPA FL 33610**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Tracey Meister

4-29-99

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 ☐ DELETE

NAME **PCD
CLARK, RONALD H. DR
STREET ADDRESS 6850 LIVING WATER PLACE
CITY-ST-ZIP TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **STVD
CLARK, BELITA BELINDA
STREET ADDRESS 6850 LIVING WATER PLACE
CITY-ST-ZIP TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **TD
MATTHEWS, BILL
STREET ADDRESS 11800 196TH AVE. N.W.
CITY-ST-ZIP ELKRIVER MN 55330**

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **TD
MCCORD, MIKE
STREET ADDRESS 1907 SADDLE LAKE PL.
CITY-ST-ZIP BRANDON FL 33511**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
DAVIS, MICHAEL A
STREET ADDRESS 2248 EAGLE BLUFF DR.
CITY-ST-ZIP VALRICO FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE:

Tracey Meister

4-29-99 813.620.4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)