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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N27691

(7)

1. Corporation Name

~~LIVING WATERS INTERNATIONAL, INC.~~

CHRISTIAN FAMILY MINISTRIES, INC. NC 5/9/96

Principal Place of Business

Mailing Address

6540 SE FEDERAL HWY.
STUART FL 34997

6540 SE FEDERAL HWY.
STUART FL 34997



3. Date Incorporated or Qualified
08/01/1988

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0126443

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEER, SCOTT
8975 BAHAMA CIRCLE
HOBE SOUND FL 33455

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

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 PD
NAME SCHEER, SCOTT
STREET ADDRESS 8975 BAHAMA CIRCLE
CITY - ST - ZIP HOBE SOUND FL

1.1 TITLE TD
1.2 NAME McCORM, DAVID E.
1.3 STREET ADDRESS 5750 S.E. WINDSONG LANE
1.4 CITY - ST - ZIP STUART, FL 34997

TITLE SD
NAME BENNETT, TERRY
STREET ADDRESS 71 S.E. TAHO TERRACE
CITY - ST - ZIP STUART FL

2.1 TITLE VD
2.2 NAME SCHEER, CHERYL
2.3 STREET ADDRESS 8975 BAHAMA CIRCLE
2.4 CITY - ST - ZIP HOBE SOUND, FL

TITLE VD
NAME MADDEN, TERRY
STREET ADDRESS 2040 'A' N.E. OCEAN BLVD
CITY - ST - ZIP STUART FL

3.1 TITLE SD
3.2 NAME THOMAS, JEFFREY
3.3 STREET ADDRESS 2571 S.W. GREENWICH WAY
3.4 CITY - ST - ZIP PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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 changed, or on an attachment with an address.

SIGNATURE

SCOTT A. SCHEER

4/30/96

(407) 286-9288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)