

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49268

1. Entity Name

LIVING WATER NETWORK OF MINISTRIES, INC.

Principal Place of Business

1312 PRINCE RD
ST AUGUSTINE FL 32086

Mailing Address

1312 PRINCE RD
ST AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASPLUND, KEN
1312 PRINCE RD
ST AUGUSTINE FL 32086

Name

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

City

FL

Zip Code

8. 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

Ken Asplund Pres.

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

April 29 - 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *D President*
NAME ASPLUND, KEN
STREET ADDRESS 1312 PRINCE RD
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE *ALAN KELSO*
NAME *371 Wisteria Rd (Treasure)*
STREET ADDRESS *St Augustine, FL 32086*
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE *D Vice Pres*
NAME ASPLUND, NORMA
STREET ADDRESS 1312 PRINCE RD
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *D Secretary*
NAME CANAPA, REV. P
STREET ADDRESS 10 TARPON DR
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29 - 2002

Date

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-23-2002 90096 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2ED37 (9/01)