2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006
Secretary of State

DOCUMENT# N49268

Entity Name: LIVING WATER NETWORK OF MINISTRIES, INC.

Current Principal Place of Business:

1312 PRINCE RD
ST AUGSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1312 PRINCE RD
ST AUGSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3131273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASPLUND, KEN
1312 PRINCE RD
ST AUGUSTINE, FL 32086 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: ASPLUND, KEN,
Address: 1312 PRINCE RD
City-St-Zip: ST AUGUSTINE, FL

Title: VPD ( ) Delete
Name: SWANN, HENRY
Address: P.O. BOX 4415
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: SD ( ) Delete
Name: SHIDLER, RONALD
Address: 1044 BLUEHILL DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: KELSO, ALAN
Address: 271 WESTERIA RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEN ASPLUND PD 06/06/2006
Electronic Signature of Signing Officer or Director — Date