

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49268

FILED  
Apr 26, 2007  
Secretary of State

**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 ( )**

**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:

I hereby certify that the information supplied with this filing does not qualify 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

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date