

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91488 036 ****61.25

DOCUMENT # N49268

1. Entity Name

LIVING WATER NETWORK OF MINISTRIES, INC.



Principal Place of Business

Mailing Address

**1312 PRINCE RD
ST AUGUSTINE FL 32086**

**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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME **Ronald Spidley** ☐ Change ☒ Addition
STREET ADDRESS **1644 Bluehill Dr. Naze**
CITY-ST-ZIP **Jacksonville, FL 32218**

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

TITLE
NAME **HENRY SWANN** ☒ Change ☐ Addition
STREET ADDRESS **PO Box 4415**
CITY-ST-ZIP **St Augustine, FL 32085**

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

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

TITLE
NAME **KELSO, ALAN** ☐ Delete
STREET ADDRESS **271 WESTERIA RD.**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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
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

4-23-03

904-797-1783

CR2E037 (10/02)