2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N49912

Entity Name: LIVING WATER CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

P.O BOX 11956
JACKSONVILLE, FL 322391956

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11956
JACKSONVILLE, FL 322391956 US

New Mailing Address:

FEI Number: 59-3133748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDELL, J. MICHAEL
12276 SAN JOSE BLVD.
SUITE 126
JACKSONVILLE, FL 32223 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: CANFIELD, STEPHEN R.,
Address: P.O. BOX 11956
City-St-Zip: JACKSONVILLE, FL 322391956

Title: VD ( ) Delete
Name: CANFIELD, MARGARET S, .
Address: P.O. BOX 11956
City-St-Zip: JACKSONVILLE, FL 322391956

Title: D ( ) Delete
Name: CATINELLA, MATTHEW,
Address: P.O. BOX 82315
City-St-Zip: ROCHESTER, MI 48308

Title: D ( ) Delete
Name: WATTS, AMY E.
Address: 44186 GREEN MEADOWS WAY
City-St-Zip: CALLAHAN, FL 32011

Title: S ( ) Delete
Name: CATINELLA, ANGELA,
Address: P.O. BOX 82315
City-St-Zip: ROCHESTER, MI 48308

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: D (X) Change ( ) Addition
Name: GARCIA, AMY E.
Address: 44186 GREEN MEADOWS WAY
City-St-Zip: CALLAHAN, FL 32011

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 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 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: STEPHEN R. CANFIELD PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date