

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49912

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**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  
Name: CANFIELD, STEPHEN R.  
Address: P.O. BOX 11956  
City-St-Zip: JACKSONVILLE, FL 322391956

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN R. CANFIELD

PD

04/25/2010

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

\_\_\_\_\_  
Date