


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90068 044 \*\*\*\*61.25

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|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N92000000269**

1. Corporation Name

**LIVING WATERS FOR CENTRAL AMERICA, INC.**

94886 · 90068 · 44

Principal Place of Business

2504 52ND AVENUE DRIVE WEST  
BRADENTON FL 34207-2347  
US

Mailing Address

2504 52ND AVE. DR.W  
BRADENTON FL 34207-2347



|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                  |  | 11/13/1992  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 65-0365351  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            |  | Zip                 |  | Country   |  |
| 24                             |  | 29                  |  | 30  |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENHAM, PAUL H SR**  
2504 52ND AVE. DR.W.  
BRADENTON FL 34207-2347

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BEHAM, H. PAUL SR                            | 1.2 NAME  |  |
| STREET ADDRESS             | 117 7TH ST. NO. UNIT 34                      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BRADENTON BCH. FL 34217-3313                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHIPPER, BILL                               | 2.2 NAME  | Carl Davidson  |
| STREET ADDRESS             | 832 PONDEROSA PINE LN                        | 2.3 STREET ADDRESS                                    | 1215 69th Ave. W.  |
| CITY-ST-ZIP                | SARASOTA FL 34243                            | 2.4 CITY-ST-ZIP                                       | Bradenton FL 34207   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BENHAM, GREG                                 | 3.2 NAME  |  |
| STREET ADDRESS             | 2506 52 AVE DR W                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BRADENTON FL 34207                           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BENHAM, JOYCE B                              | 4.2 NAME  |  |
| STREET ADDRESS             | 117 7ST N. UNIT 34                           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BRADENTON BCH. FL                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce B Benham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

941-727-9397

Daytime Phone #

CR2E037 (1/98)