2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N93000000421

Entity Name: LIVING WATER WORSHIP CENTER, INC.

Current Principal Place of Business:

2105 PHOENIX AVE
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 13002
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3142126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARR, LEON E
1125-B EAST 11TH ST
JACKSONVILLE, FL 32206

Name and Address of New Registered Agent:

CARR, LEON E
667 CHERRY BARK DR., N
JACKSONVILLE, FL 32218

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARR, LEON E.,
Address: 1125-B EAST 11TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VDST ( ) Delete
Name: CARR, GWENDOLYN L.
Address: 1125-B EAST 11TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete
Name: PAYNE, LATASHA G
Address: 1304 CORAL DR APT B
City-St-Zip: WAYCROSS, GA 31501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARR, LEON E.,
Address: 667 CHERRY BARK DR., N
City-St-Zip: JACKSONVILLE, FL 32218

Title: VDST (X) Change ( ) Addition
Name: CARR, GWENDOLYN L.
Address: 667 CHERRY BARK DR., N
City-St-Zip: JACKSONVILLE, FL 32218

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: GWENDOLYN L. CARR VDST 04/30/2004
Electronic Signature of Signing Officer or Director — Date