

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000421

FILED
May 04, 2005
Secretary of State

Entity Name: LIVING WATER WORSHIP CENTER, INC.

Current Principal Place of Business:

2105 PHOENIX AVE
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

8919 LEM TURNER ROAD
JACKSONVILLE, FL 32208 US

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARR, LEON E
11040 APPLE BLOSSOM TRAIL, WEST
JACKSONVILLE, FL 32218 US

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:

05/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: 11040 APPLE BLOSSOM TRAIL, WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VDST (X) Change () Addition
Name: CARR, GWENDOLYN L
Address: 11040 APPLE BLOSSOM TRAIL, WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: PAYNE, LATASHA G
Address: 1301 JEWELL STREET
City-St-Zip: WAYCROSS, GA 31503

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

05/04/2005

Electronic Signature of Signing Officer or Director

Date