

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000723 (7)

1. Corporation Name

LIVING WATER FULL GOSPEL CHURCH, INC.

Principal Place of Business

6346-65 LANTANA RD.
P.O. BOX 31-C
LAKE WORTH FL 33463

Mailing Address

6346-65 LANTANA RD.
P.O. BOX 31-C
LAKE WORTH FL 33463



3. Date Incorporated or Qualified
02/12/1993

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKKE, EARL F REV
25 W RUBBERTREE DR
LAKE WORTH FL 33467

81 Name

BAKKE EARL F. REV.

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

44 W. PLUMOSA LN

83

84

LAKE WORTH

FL

85 Zip Code

33467

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 **DP** ☐ DELETE

NAME **BAKKE, EARL F REV**
STREET ADDRESS **25 W. RUBBERTREE DR**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP
BAKKE EARL F. REV. ☒ Change ☐ Addition
44 W. PLUMOSA LN
LAKE WORTH, FL. 33467

TITLE **VD** ☐ DELETE

NAME **BAKKE, LINDA M**
STREET ADDRESS **25 W RUBBER TREE DR**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD
BAKKE LINDA M. ☐ Change ☐ Addition
44 W. PLUMOSA LN.
LAKE WORTH, FL. 33467

TITLE **ST** ☐ DELETE

NAME **BODDEN, ROBIN**
STREET ADDRESS **28 W. PINETREE AVE.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BODDEN, DANIEL P**
STREET ADDRESS **26 W. PINETREE AVE.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PRIMAVERA, INGA**
STREET ADDRESS **26 W. PINETREE AVE.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Rev. Earl F. Bakke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REV. EARL F. BAKKE

4/12/96 **407-966-0409**
Date Daytime Phone #

CR2E037 (12/95)