

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000723 (7)**

1. Corporation Name

**LIVING WATER FULL GOSPEL CHURCH, INC.**



Principal Place of Business	Mailing Address
6346-65 LANTANA RD. <b>N/A</b> P.O. BOX 31-C LAKE WORTH FL 33463	6346-65 LANTANA RD. <b>N/A</b> P.O. BOX 31-C LAKE WORTH FL 33463-6698

3. Date Incorporated or Qualified <b>02/12/1993</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>7544</b>	26 <b>7544 L.W. Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Lake Worth, FLA.</b>	28 <b>Lake Worth, FLA.</b>
Zip	Zip
24 <b>33467</b>	29 <b>33467</b>
Country	Country
25 <b>Falm Bch</b>	30 <b>Falm Bch</b>

4. FEI Number <b>64-0405399</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REVEREND EARL F BAKKE** **N/A**  
**44 W PLUMOSA LN**  
**LAKE WORTH FL 33467**

81 Name <b>Reverend Joseph E. Jurban JR.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>13967 Barberrry CT</b>
83
84 City <b>Wellington, FL</b> <b>FL</b> 85 Zip Code <b>33414</b>

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

*Joseph E. Jurban Jr.*

**4/28/97**

(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	1.1 TITLE	DP
NAME	BAKKE, EARL F REV	1.2 NAME	Jurban, Joseph E. Rev
STREET ADDRESS	44 W PLUMOSA LN	1.3 STREET ADDRESS	13967 Barberrry CT
CITY - ST - ZIP	LAKE WORTH FL	1.4 CITY - ST - ZIP	W.R.B., FL 33414
TITLE	VD	2.1 TITLE	VD
NAME	BAKKE, LINDA M	2.2 NAME	Jurban, Sandra G.
STREET ADDRESS	44 W PLUMOSA LN	2.3 STREET ADDRESS	13967 Barberrry CT
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	W.R.B., FL 33414
TITLE	ST	3.1 TITLE	ST/D
NAME	BODDEN, ROBIN	3.2 NAME	Jurban, Christine M.
STREET ADDRESS	26 W. PINETREE AVE.	3.3 STREET ADDRESS	13967 Barberrry CT
CITY - ST - ZIP	LAKE WORTH FL 33467	3.4 CITY - ST - ZIP	W.R.B., FL 33414
TITLE	D	4.1 TITLE	
NAME	BODDEN, DANIEL P	4.2 NAME	
STREET ADDRESS	26 W. PINETREE AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33467	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	PRIMAVERA, INGA	5.2 NAME	
STREET ADDRESS	26 W. PINETREE AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33467	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Joseph E. Jurban* **Joseph E. Jurban (561) 793-3438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043920

CR2E037 (9/96)