

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003387

FILED
Jan 17, 2007
Secretary of State

Entity Name: LIVING WATERS CHRISTIAN FELLOWSHIP OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

111 TAMIAMI TRAIL NORTH
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

111 TAMIAMI TRAIL NORTH
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 65-0437762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWETT, RICHARD R DR.
539 CIRCLEWOOD DR RI
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CROOM, MARY
Address: 128 SECOND STREET
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD () Delete
Name: CARROTHERS, MARLENE
Address: 507 S JESSICA ST
City-St-Zip: NOKOMIS, FL 34275 US

Title: VD () Delete
Name: KUTZKO, JOHN
Address: 109 LOUELLA LANE
City-St-Zip: NOKOMIS, FL 34275 US

Title: P () Delete
Name: HOWETT, RICHARD R
Address: 539 CIRCLEWOOD DR RI
City-St-Zip: VENICE, FL 34293 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: DR. RICHARD R. HOWETT

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date