SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 22 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001718 (5)

1. Corporation Name
LIVING WATERS CHRISTIAN FELLOWSHIP INC

Principal Place of Business	Mailing Address
7116 SR 471 BUSHNELL FL 33513	7116 SR 471 BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3230563 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 4318 S. Florida Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Lot # 7
City & State 23	City & State 28 Inverness, Florida
Zip 24 / County 25	Zip 29 34450 / Country 30 Citrus

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, ARTHUR M
1471 CR 753
WEBSTER FL 33597

10. Name and Address of New Registered Agent

81 Name: Verlie O Knox
82 Street Address (P.O. Box Number is Not Acceptable): 4318 S. Florida Avenue
83
84 City: Inverness FL 85 Zip Code: 34450

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: Verlie O Knox — Verlie O Knox — 6/12/95
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	President Dir.	11 TITLE	☐ Change ☐ Addition
NAME	Verlie O. Knox	12 NAME	
STREET ADDRESS	4318 S. Florida Ave. #7	13 STREET ADDRESS	
CITY-ST-ZIP	Inverness, Florida 34450	14 CITY-ST-ZIP	
TITLE	Vice President Dir	21 TITLE	☐ Change ☐ Addition
NAME	Cecil Horne	22 NAME	
STREET ADDRESS	4318 S. Florida Ave. #7	23 STREET ADDRESS	
CITY-ST-ZIP	Inverness FL. 34450	24 CITY-ST-ZIP	
TITLE	Secretary Dir	31 TITLE	☐ Change ☐ Addition
NAME	Buck Hanson	32 NAME	
STREET ADDRESS	2 River Haven Rd.	33 STREET ADDRESS	
CITY-ST-ZIP	Clendenin W.V. 25045	34 CITY-ST-ZIP	
TITLE	Treasurer Dir	41 TITLE	☐ Change ☐ Addition
NAME	Jessie Ireland	42 NAME	
STREET ADDRESS	10468 S.E. 52nd. Ct.	43 STREET ADDRESS	
CITY-ST-ZIP	Belleview, Fl. 34420	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (395)

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)(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: Verlie O Knox — 6/12/95 — 904/3/11/9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012500