

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90267 030 \*\*\*\*70.00

<b>DOCUMENT # N94000001718</b>			
1. Entity Name <b>LIVING WATERS CHRISTIAN FELLOWSHIP INC</b>			
Principal Place of Business <b>8202 E. BITTERBUSH LANE PORT SAINT LUCIE FL 34952 US</b>		Mailing Address <b>8202 E. BITTERBUSH LANE PORT SAINT LUCIE FL 34952 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>KNOX, VERLIE D 1536 N. ABALONE TER. HERNANDO FL 34442</b>		7. Name and Address of New Registered Agent Name: <b>Knox, Verlie D</b> Street Address (P.O. Box Number is Not Acceptable): <b>8202 E Bitterbush Lane</b> City: <b>Port St Lucie</b> FL Zip Code: <b>34952</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Verlie D Knox p.c. DATE: 4/24/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOX, VERLIE D 8202 E. BITTERBUSH LANE PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Knox, Verlie D. 8202 E Bitterbush Lane Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, T.J. 45 S. BARBOUR ST BEVERLY HILLS FL 34464 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Albert J. Forsythe 716 N. 14th St. Leesburg, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WATT, VAN 20650 FIREWOOD CA PERRIS CA 92570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Watt, Van 20650 Firewood, Ca. Perris, Ca. 92570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POST, WARNER E 1536 N. ABALONE T HERNANDO FL 34442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/M Dr. Warner E. Post 4033 S. Manhattan Pl Tampa, FL 33611 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, AL 2616 VENUS ST INVERNESS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, RICHARD W JR 214 MAPLE WAY SALISBURY MD 21801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Verlie D Knox Verlie D. Knox 4/24/04 772.877-4634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #