

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90299 027 ****61.25

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1. Entity Name

LIVING WATERS CHRISTIAN FELLOWSHIP INC



Principal Place of Business

8202 E. BITTERBUSH LANE
PORT SAINT LUCIE FL 34952
US

Mailing Address

8202 E. BITTERBUSH LANE
PORT SAINT LUCIE FL 34952
US

50042207



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3230563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOX, VERLIE D
8202 E BITTERBUSH LANE
PORT SAINT LUCIE FL 34952

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	KNOX, VERLIE D	
STREET ADDRESS	8202 E. BITTERBUSH LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORSYTHE, ALBERT J	
STREET ADDRESS	716 N 14TH ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D.	<input type="checkbox"/> Delete
NAME	WATT, VAN	
STREET ADDRESS	20650 FIREWOOD CA	
CITY-ST-ZIP	PERRIS CA 92570	
TITLE	VTM	<input type="checkbox"/> Delete
NAME	POST, WARNER E DR.	
STREET ADDRESS	4035 S MANHATTAN PL.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORTON, AL	
STREET ADDRESS	2616 VENUS ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, RICHARD W JR	
STREET ADDRESS	214 MAPLE WAY	
CITY-ST-ZIP	SALISBURY MD 21801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature, typed or printed name of signing officer or director

DATE: 4/18/05 772 418 0545

Date

Daytime Phone #