

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001718

FILED
Mar 05, 2009
Secretary of State

Entity Name: LIVING WATERS CHRISTIAN FELLOWSHIP INC

Current Principal Place of Business:

8202 E. BITTERBUSH LANE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

180 GRACE CHAPEL ROAD
BLUE EYE, MO 65611 US

Current Mailing Address:

8202 E. BITTERBUSH LANE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

180 GRACE CHAPEL ROAD
BLUE EYE, MO 65611 US

FEI Number: 59-3230563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KNOX, VERLIE D
180 GRACE CHAPEL ROAD
BLUE EYE, FL 65611 US

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:

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: KNOX, VERLIE D
Address: 8202 E. BITTERBUSH LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD () Delete
Name: FORSYTHE, ALBERT J
Address: 716 N 14TH ST.
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: WATT, VAN
Address: 20650 FIREWOOD CA
City-St-Zip: PERRIS, CA 92570

Title: VTM () Delete
Name: POST, WARNER E DR.
Address: 4035 S MANHATTAN PL.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: IRELAND, JESSIE M
Address: 8202 E BITTERBUSH LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: HUGHES, RICHARD W JR
Address: 214 MAPLE WAY
City-St-Zip: SALISBURY, MD 21801

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
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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 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: VERLIE KNOX

PC

03/05/2009

Electronic Signature of Signing Officer or Director

Date