

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90999 044 \*\*\*\*61.25

**DOCUMENT # N94000001718**

1. Entity Name

**LIVING WATERS CHRISTIAN FELLOWSHIP INC**



Principal Place of Business

**1536 N. ABALONE TER.  
HERNANDO FL 34442**

Mailing Address

**1536 N. ABALONE TER.  
HERNANDO FL 34442  
US**

2. Principal Place of Business

**8202 E. Bitterbush**

Suite, Apt. #, etc.

3. Mailing Address

**8202 E Bitterbush Ln**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Port St. Lucie, FL**

Zip

**34952**

Country

**USA**

City & State

**Port St. Lucie FL**

Zip

**34952**

Country

**USA**

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

**KNOX, VERLIE D  
1536 N. ABALONE TER.  
HERNANDO FL 34442**

7. Name and Address of New Registered Agent

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

*Verlie D Knox*

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/03**

DATE

**FILE NOW: FEE IS \$61.25**

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	PD	<input type="checkbox"/> Delete
NAME	KNOX, VERLIE D	
STREET ADDRESS	1536 N. ABALONE TER.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, T.J.	
STREET ADDRESS	45 S. BARBOUR ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WATT, VAN	
STREET ADDRESS	20850 FIREWOOD CA	
CITY-ST-ZIP	PERRIS CA 92570	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POST, WARNER E	
STREET ADDRESS	1536 N. ABALONE T	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, AL	
STREET ADDRESS	2816 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	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knox, Verlie D	
STREET ADDRESS	8202 E Bitterbush	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
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
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:

*Verlie D Knox*

**4/27/03**

**772-879-4634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)