


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>U94000002251</u>					
1. Corporation Name <u>Living Waters Church, Inc.</u>					
Principal Place of Business <u>1160 Capital Circle S.E.</u> <u>Tallahassee, FL 32304</u>			Mailing Address <u>P.O. Box 6998</u> <u>Tallahassee, FL 32314</u>		

APPROVED
AND
FILED

99 JUN 16 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/06/94	
22	City & State	27	City & State	4. FEI Number <u>59-3244484</u>	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<u>Kirkland, J. Phillip Rev.</u> <u>Route 2 Box 2210</u> <u>Tallahassee, FL 32311</u>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. PRESIDENT/CHAIRMAN AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<u>Kirkland, J. Phillip Rev.</u>	<u>Rt 2 Box 2210</u>	<u>Tallahassee FL 32311</u>		<u>Kelly, Belinda</u>	<u>6230 Anniedora Lane</u>	<u>Tallahassee, FL 32311</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<u>Kelly, Belinda</u>	<u>10368 Rose Rd</u>	<u>Tallahassee, FL 32311</u>		<u>Kelly, Mac</u>	<u>6230 Anniedora Lane</u>	<u>Tallahassee, FL 32311</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<u>Thomberlin, Dan Rev.</u>	<u>P.O. Box 6998</u>	<u>Tallahassee FL 32314</u>		<u>Smith, Nelson</u>	<u>Rt 3 Box 117E</u>	<u>Monticello FL 32344</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<u>Johnson, John Rev.</u>	<u>P.O. Box 6998</u>	<u>Tallahassee FL 32314</u>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<u>Smith, Don Rev.</u>	<u>P.O. Box 6998</u>	<u>Tallahassee, FL 32314</u>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-99

Date

Daytime Phone #

CR2E037 (11/98)