

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002251

1. Entity Name

LIVING WATERS CHURCH INTERNATIONAL, INC.

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90001 001 \*\*\*\*61.25

0061395

Principal Place of Business  
3402 E APALACHEE PARKWAY  
TALLAHASSEE FL 32311

Mailing Address  
3402 E APALACHEE PARKWAY  
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3244484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIRKLAND, J. PHILLIP REV.  
RT. 2 BOX 2210  
TALLAHASSEE FL 32311

Name *Rev. J. Phillip Kirkland*  
Street Address (P.O. Box Number is Not Acceptable)  
*957 Robert Thompson Rd.*  
City *Monticello* FL Zip Code *32344*

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PC                        | <input type="checkbox"/> Delete            |
| NAME           | KIRKLAND, J. PHILLIP REV. |  |
| STREET ADDRESS | RT. 2 BOX 2210            |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |
| TITLE          | STD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KELLY, BELINDA            |  |
| STREET ADDRESS | 6230 ANNIEDORA LANE       |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | THOMBERLIN, DAN REV.      |  |
| STREET ADDRESS | 3402 E APALACHEE PARKWAY  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | JOHNSON, JOHN REV.        |  |
| STREET ADDRESS | 3402 E APALACHEE PARKWAY  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | SMITH, DON REV.           |  |
| STREET ADDRESS | 3402 E APALACHEE PARKWAY  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | KELLY, MAC                |  |
| STREET ADDRESS | 6230 ANNIEDORA LANE       |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311      |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>R. Gerald Doggett</i>     |  |
| STREET ADDRESS | <i>P.O. Box 608091</i>       |  |
| CITY-ST-ZIP    | <i>Orlando, FL 32860</i>     |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Rev. Coy Barker</i>       |  |
| STREET ADDRESS | <i>4678 Central Dr.</i>      |  |
| CITY-ST-ZIP    | <i>Stone Mountain, Ga.</i>   |  |
| TITLE          | <i>VP/ST</i>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Sheryl Ruiz</i>           |  |
| STREET ADDRESS | <i>4828 Easy St.</i>         |  |
| CITY-ST-ZIP    | <i>Tallahassee, FL 32303</i> |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)