FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500002567 (4)

HEALING WATERS WORSHIP CENTER, INC.

Sep 03 1998 8:00am Secretary of State

FILED

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Principal Place of Business Mailing Address												
221 PINE SHADOW LANE 321 PINE SHADOW LANE LAKE MARY FL 32795 LAKE MARY FL 32795								3.	Date Incorporated or Qualif 05/31/1995	fied		
								4.	FEI Number 59-3319844			Applied For Not Applicable
2. Principal P	Place of Business	2a. M 28	ailing Address				•	5.	Certificate of Status Desired	₃ 🗆		Additional Required
Suite, Apt.	#, et c.	27	Suite, Apt. #, etc.					6.	Election Campaign Financin Trust Fund Contribution	ng 🔲		May Be to Fees
City & Stat	te	C	ity & State					7.	Is this nonprofit corporation		_	ion?
23		28		1 2	```			_		☐ Yes	L No	
Zip 24	Country	Zi	Р	30	Country	•		В.	This corporation owes or ha Personal Property Tax due	•		ntangible No
24	25 9. Name and Address of Cut	rent Register	ed Agent	[30]	T			10.	Name and Address of Nev			
					81	Nan	16					
LANE, B	RIAN K				82	Otro		/D	O. Day Nimehay is blot Assa			
	E SHADOW LANE					2018	er Addre	88 (P	O. Box Number is Not Acce	эргаріе)		
LAKE MA	ARY FL 32746				63					•		
					64	City					85 Zir	o Code
11. Pursuant	to the provisions of Sections 617.	0502 and 617	1508 Florida Statu	tes the	a above	e-nam	ed corpo	ration	n submits this statement for	the purpose	of changing	its registered
office or i	registered agent, or both, in the Si am familiar with, and accept the of	ate of Florida	Such change was	authori	izad by	/ the c	orporatio	on's b	poard of directors. I hereby a	ccept the ap	pointment a	ıs registered
SIGNATURE	an ignina ma, and doopt the or	Jiigations of o	0011011 011 10000,11	orida c	JIGIGIQI.	٠.						
	Signature, typed or printed name of registered					ent algna	ture required			DATE		
12.		AND DIRECTO		_	3.				ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE	PD Lane, Brian K		☐ DELETÉ	- 1	1 TITLE						Change	Addition
NAME	MAR WEVERINGE CALIRE	aal Pin	121 Pine Shudow		1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip							
STREET ADDRESS	LAKE MARY FL 32746	O V(1 - 1 - 1 - 1					is					
CHY-ST-ZIP	VD		☐ DELETE		<u>4 CHY-S</u> 1 TITLE	I - ZIP	-				Change	Addition
NAME	LAME OF BUILD		. —		2 NAME		İ					
STREET ADDRESS	815 WEYBRIDGE COURT	Pine Sh	line Shadow Lune		2.3 STREET ADDRESS							
CITY-ST-ZIP	LAKE MARY FL 32746				4 CHY-S		~					
TITLE	D		DELETE	_	1 TALE				····		Change	Addition
NAME	DODSON, CARL			3.	2 NAME							
STREET ADDRESS P.O. BOX 952454 N/A						3.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE MARY FL 32795			3.	4. CITY - S	ST-ZIP				_		
TITLE			☐ DELETE	4.	1 TITLE						Change	Addition
NAME	ME 2			4. 2 NAME								
STREET ADDRESS				4.	3 STREET	ADDRES	s					
CITY-ST-ZIP					4 CITY - S	T-ZIP	.					a abo.
TITLE			DELETE		1 THTLE						" Change	Addition
NAME					2 NAME							
STREET ADDRESS					3 STREET		S					
CITY-ST-ZIP			DELETE	_	4 CITY-S	T-ZIP	-			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME	,		C procie		1 TITLE 2 NAME						C onerige	L MUUUUUII
				— 3.	* LALVAIL							

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.

FILE NOW: FILING FEE IS \$61.25

FILE NUW: FILING PEE 15 \$01.23)	_						
NONPROFIT FLORIDA DEPARI								
CORPORATION Sandra B.	Mortham							
ANNUAL REPORT Socretary								
1998 DIVISION OF CO	ORPORATIONS							
DOCUMENT #								
Healing Waters Worship Ce								
Principal Place of Business Mailing Address								
		3. Date Incorporated or Qualified						
321 Pine Shadow Lane 321 Pi	ine Shadoulkae	5/3//1995 4. FEI Number	Applied For					
Lake Mary, Fl. 32746 Lake	Mary Fl 32746	59-3319844	Not Applicable					
2. Principal Place of Business 2a. Mailing Address 2b		5. Certificate of Status Desired	\$8.75 AdditionalFee Required					
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
City & State City & State		7. Is this nonprofit corporation a homeow						
23 28 Zip Zip	Country	8. This corporation owes or has paid the						
25 29 3 9. Name and Address of Current Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	☐ Yes ☐ No					
B. Hame and Address of Current registered Agent	81 Name	TO, Manie Bild Address of New Register	an Agent					
Ω_{α} V λ_{α}	82 Street Addres	ss (P.O. Box Number is Not Acceptable)						
Brian K. Lane	83							
321 Pine Shadow Lane								
Lake Mary, F1 32746	84 City	F						
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 617.0503, Flori 	thorized by the corporation	ration submits this statement for the purpose his board of directors. I hereby accept the a	of changing its registered pointment as registered					
SIGNATURE Com K. done	Registered Agant signature required	when reinstaling) Lugust	27,1998					
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A						
BRIAN K. Lane PD DELETE	1.1 TITLE		AND DIRECTORS IN 12 Change Addition Change Addition					
STREET ADDRESS 321 Pine Shadow Lane	1.2 NAME 1.3 STREET ADDRESS		037					
CITY-SI-7IP Lake Mary, F1 32746	1.4 CITY - ST - ZIP		32E					
TITLE DIVICE G. LAGE VN DELETE	21 TITLE		☐ Change ☐ Addition ○					
STREET ADDRESS 321 Pine Shadou Lane	2.2 NAME 2.3 STREET ADDRESS							
CITY-ST-ZIP Lake Mary By F1. 32746	2. 4 CiTY-ST-ZIP							
THE Carl Dodson D DELETE	31 TITLE		☐ Change ☐ Addition					
STREET ADDRESS P.O. Box 952454	3.2 NAME 3.3 STREET ADORESS							
SIRET ADDRESS P.O. BOX 952454 CITY-SI-ZIP LAISE MARY F1 32795	3.4. CITY - ST - ZIP							
TITLE L DELETE	4 1 TITLE		Change Addition					
NAME STREET AUDRESS	4 2 NAME 4.3 STREET ADDRESS							
CITY-ST-7IP	4.4 CITY-S1-ZIP							
TITLE DELETE	5.1 TITLE		☐ Change ☐ Addition					
NAME DOOGS NOOSS	5 2 NAME							
STREET ADDRESS CITY-ST-7IP	5 3 STREET ADDRESS 5 4 City - St - Zip							
THE DELETE	61 THUE		☐ Change ☐ Addition					
NAME	G 2 NAME							
STREET ADDRESS	6 3 STREET ADDRESS							
CITY-ST-7IP 14. Thereby certify that the information supplied with this filing does not qualify for t	64 CITY-S1-7IP the exemption stated in Se	ction 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 officer or director of the corporation or the receiver or trustee empowered to exelliork 12 or Block 13 if changed, or on an attachment with an address.	ate and that my cionature i	about it so toolto teaal ames adt aved lieds	under eath, that I am an					
2 · V 0								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR	DIRECTOR	Calo (48)	2) 330-5851 Daylinic Phone #					
			Į.					