2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N95000003384

Entity Name: THE FOUNTAINS OF LIVING WATER MINISTRIES, INCORPORATED

Current Principal Place of Business:

4612 FRISCO CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4612 FRISCO CIRCLE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3332973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMONIA, HENNETTA R
4612 FRISCO CIRCLE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEMONIA, HENRIETTA R
Address: 4612 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: VD ( ) Delete
Name: DEMONIA, WILLIE RAY
Address: 4612 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: WILLIAMS, CAROLYN J
Address: 7700 CHAPLIAN LANE
City-St-Zip: ORLANDO, FL 32828

Title: DT ( ) Delete
Name: SANTIAGO, IRIS
Address: 5348 LONG RD. APT D
City-St-Zip: ORLANDO, FL 32808

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: DT (X) Change ( ) Addition
Name: SANTIAGO, IRIS
Address: 4612 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRIETTA R DEMONIA PD 04/14/2004

Electronic Signature of Signing Officer or Director — Date