

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003384

FILED
Apr 03, 2007
Secretary of State

Entity Name: THE FOUNTAINS OF LIVING WATER MINISTRIES, INCORPORATED

Current Principal Place of Business:

5206A WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5206A WEST COLONIAL DRIVE
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
2630 LEDGEMONT CT
CLERMONT, FL 34711 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: 2630 LEDGEMONT CT
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: DEMONIA, WILLIE RAY
Address: 2630 LEDGEMONT CT
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Delete
Name: WILLIAMS, CAROLYN J
Address: 5206A WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: DT () Delete
Name: SANTIAGO, DORCA I
Address: 5206A WEST COLONIAL DRIVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: H DEMONIA

RA

04/03/2007

Electronic Signature of Signing Officer or Director

Date