FILE NOW: FILING FEE IS \$61.25										
CORF ANNU	NPROFIT PORATION AL REPORT  1996 5 - 1-90	B-	Secretar	TMENT OF . Mortham y of State		$\bigcirc$				
DOCUN 1. Corporation	MENT # N9500	0003	996 (4)	)						
LIVING WATER CHURCH, INC.										
Principal Place of Business Mailing Address										
1120 ROYAL PALM BLVD SUITE 234  ROYAL PALM BEACH FL 33411  1120 ROYAL PALM BEACH FL 33411  ROYAL PALM BEACH FL 3341					<b>14</b>			Data of	Lost Dooost	
			L O. M. W. Address				Date Incorporated or Qualified     08/21/1995      FEl Number	3a. Date of	Applied For	
[1]	ace of Business	26	2a. Mailing Address 26 Suite, Apt, #, etc.				65-0612016	ę,	Not Applicable  8.75 Additional	
Suite, Apt.		27]					Certificate of Status Desired     Election Campaign Financing	· · ·	Fee Required	
City & State		28] Zip		Count	nv		Trust Fund Contribution  8. This corporation has liability for int	<u> </u>	Added to Fees	
Zip 24	Country 25 9. Name and Address of Curre	29		30				Yes 🔣 No		
TRENSCHEL, DONALD R PASTOR 11192 46TH PLACE NORTH ROYAL PALM BEACH FL 33411  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the att or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					3 City	orporat	ion submits this statement for the purpor of directors. I hereby accept the appoin	FL 85	a its registered office	
SIGNATURE .	Signature, typed or printed name of registered agor			E: Registered A	gent signature	required v	when reinstating)	DATE		
12. TITLE	OFFICERS AN	ID DIRECTOR	RS	13. 1.1 TITE	F	P	ADDITIONS/CHANGES TO OFFIC	[] Ch		
NAME STREET ADDRESS CITY-ST-ZIP					IE Eet address 1-st-zip	Do	WALD R. TRENSCHEL 92 46TH PLACE NOATH WAL PALM BEACH, FL.	1 33 <del>4</del> 11		
TITLE NAME STREET ADDRESS	□DELETE			2.1 TITL 2.2 NAM	E	MI	MICHAEL MAUCH 1192 AUTH PLACE NORTH			
CITY - ST - ZIP TITLE NAME	DEFELE			2 4 CIT 3.1 TITL 3.2 NAM		<b>  5</b> ,	MAC PALM BEACH, FL /T/D STIN JONES	<u>. 3341</u> □°	hange 🙀 Addition	
STREET ADDRESS CATY-ST-ZIP					STREET ADDRESS 17146 75TH PLACE NORTH CITY-ST-ZIP LOXA HATCHEE, FL. 33470				hange 🔀 Addition	
TITLE NAME STREET ADDRESS				4. 2 NA 4.3 STR	me Eet address	46	SEPH BAUM ,59 123RD TERRAC NAL PALM BEACH,FL			
CITY-SI-ZIP TITLE NAME			DELETE	5.1 TITI 5.2 NA		1.	MAC TADA DENETTY		hange Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE		Y-ST-ZIP LE				hange 🔲 Addition	
STREET ADDRESS CITY+ST-ZIP		d with this filin	ng is voluntarily furn	6.3 STF 6.4 CIT	Y-ST-ZIP	ualify fo	or the exemption stated in Section 119.0	17(3)(k), 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 in field of accurate 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.										
SIGNATURE: DOLLAR TRENSCHEL 4-29-96 407-798-9014										