

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 045 ****61.25

DOCUMENT # N96000000205

1. Entity Name
LIVING WATERS ASSEMBLY OF GOD, INC.



Principal Place of Business
**1580 BLUFF ROAD
APALACHICOLA, FL**

Mailing Address
**1580 BLUFF ROAD
APALACHICOLA, FL**

20038755



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3340068

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

**BELL, NEIL A
1532 LINDEN ROAD
APALACHICOLA, FL 32320**

Name **Lois E. Long**
Street Address (P.O. Box Number is Not Acceptable)

1532 Linden Road

City **APALACHICOLA**

FL Zip Code **32320**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lois E. Long, President
Lois E. Long

4-18-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEWELL, JAMES ALFRED 356 BROWNSVILLE ROAD APALACHICOLA, FL 32329	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR GANDER, JIMMY 1493 BLUFF ROAD APALACHICOLA, FL 32320	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR GASKILL, THOMAS A 20 CHAPMAN ROAD APALACHICOLA, FL 32320	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BELL, NEIL A 1532 LINDEN ROAD APALACHICOLA, FL 32320	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Varnes, J.C. 25 Bay View Drive Apalachicola, FL 32320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Ronald 274 24th Street Apalachicola, FL 32320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrews, Grover 1066 Cypress Street Apalachicola, FL 32320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Long, Lois E. 1532 Linden Road Apalachicola, FL 32320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RONNIE DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05
Date

8506533321
Daytime Phone #