

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90013 050 \*\*\*\*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

**60014825**



01232006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3340068

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LONG, LOIS E  
1532 LINDEN ROAD  
APALACHICOLA, FL 32320

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
VARNES, J C  
25 BAY VIEW ST  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
DAVIS, RONALD  
274 24TH ST  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
GROVER, ANDREWS  
1066 CYPRESS ST  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PC  
LONG, LOIS E  
1532 LINDEN ROAD  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Grover E. Andrews Grover E. Andrews

Feb 1, 2006

Date

Daytime Phone #