FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # N9600000684 (8) LIVING WATER CHURCH OF ORLANDO, INC. Principal Place of Business Mailing Address						
					02/01/1996 4. FEI Number Applied For	
2. Principal Place of Business		2e. Mailing Address			NOT APPLICABLE Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	Election Campaign Financing Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country 25	Zip 20	Country 30	′	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current		1001		10. Name and Address of New Registered Agent	
			81	Name		
MEISTER, TRACEY 6850 LIVING WATER PLACE			62	Strøet A	ddress (P.O. Box Number is Not Acceptable)	
	FL 33610		83			
_			84	City	FL 85 Zip Code	
SIGNATURE	m lamiliar with and accept the obliged Signafue, typed or printed name of square to open	and the if applicable (NO	10	ACE	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered and the statement of the appointment of the appo	
TITLE	PD PFICERS AND	DELETE	1.1 TITLE		Change Addition	
NAME	CLARK, RONALD		1.2 NAME			
STREET ADDRESS	6850 LIVING WATER PLACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		1.4 CITY-5			
TITLE	VP0	DELETE	2.1 TITLE		Change Addition	
NAME	Clark, Belinda		2.2 NAME			
STREET ADDRESS	6850 LIVING WATER PLACE		2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY	ST-ZIP		
TITLE	SDT MCCORD, MIKE	☐ DELETE	3.1 TITLE	ŀ	Change Addition	
NAME	1907 SADDLE LAKE PLACE		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	BRANDON FL 33511		3.3 STREET 3.4. CITY-			
TITLE	CIVIDON 12 COOT	DELETE	4.1 TITLE	31-ZIP	Change Addition	
NAME		_	4.2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-2NP			4.4 CITY-5	ST-ZIP		
TITLE	DELETE 5.1		5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		☐ DELETE	5.4 CITY - S	ST-ZIP	Change Addition	
TITLE		☐ DECEIE	6.1 TITLE		Change LI Addition	
NAME CTREET ADDRESS			6.2 NAME	ADDRESS		
STREET ADDRESS			6.3 STREET			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Mar 30 1998 8:00am

Secretary of State