

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000684**

1. Entity Name

LIVING WATER CHURCH OF ORLANDO, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90377 024 ****61.25

551076

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6850 LIVING WATER PLACE
TAMPA FL 33610**

Mailing Address

**6850 LIVING WATER PLACE
TAMPA FL 33610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**MEISTER, TRACEY
6850 LIVING WATER PLACE
TAMPA FL 33610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD CLARK, RONALD 6850 LIVING WATER PLACE TAMPA FL 33610	<input type="checkbox"/>		<input type="checkbox"/>
VPD CLARK, BELINDA 6850 LIVING WATER PLACE TAMPA FL 33610	<input type="checkbox"/>		<input type="checkbox"/>
SDT MCCORD, MIKE 1907 SADDLE LAKE PLACE BRANDON FL 33511	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E037 (10/00)

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:

Tracey Meister

5/17/01

813.620.4551