

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90006 038 ****61.25

DOCUMENT # N96000006457

1. Entity Name

LIVING WATER GOSPEL MINISTRIES, INC.



Principal Place of Business

5900 TIPPIN AVE.
PENSACOLA FL 32504

Mailing Address

P.O. BOX 9257
PENSACOLA FL 32513-9257
US

2. Principal Place of Business

3. Mailing Address

5900 TIPPIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola, Florida

Zip

Country

Zip

Country

32504

Escambia

6. Name and Address of Current Registered Agent

DEAN, DEBORAH L BISHOP
7140 PENINSULA DR.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name: Apostle Deborah L. Dean

Street Address (P.O. Box Number is Not Acceptable)
6505 North BLUE Angel PWY

City
Pensacola

FL

Zip Code
32526

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)

01/31/05
DATE

FILE NOW: 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT DEAN, DEBORAH L 7140 PININSULA DR. PENSACOLA FL 32526 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT THOMPSON, EBONY 12457 AIRBLANC CIR., #PD PENSACOLA FL 32506 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT DIXON, SHANNON 510 FRISCO RD. PENSACOLA FL 32507 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LANG, TORI 4350 FAIRFIELD DR PENSACOLA FL 32503 | <input 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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | APOSTLE Deborah L. DEAN 6505 North Blue Angel PWY PENSACOLA, FLORIDA 32526 | <input checked="" type="checkbox"/> Change <input 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 |
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| 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:

Deborah L. Dean Deborah L. Dean 01/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

875-1294