

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90545 012 ****61.25

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1. Entity Name

LIVING WATER GOSPEL MINISTRIES, INC.



Principal Place of Business

**702 GULF BEACH HWY
PENSACOLA FL 32507**

Mailing Address

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

2. Principal Place of Business

5900 TIPPIN AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

32504

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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. 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

FILE NOW: FEE IS \$61.25

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 **PT** ☐ Delete
NAME **DEAN, DEBORAH L**
STREET ADDRESS **7140 PININSULA DR.**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **TT** ☐ Delete
NAME **THOMPSON, EBONY**
STREET ADDRESS **12457 AIRBLANC CIR., #PD**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **VT** ☐ Delete
NAME **DIXON, SHANNON**
STREET ADDRESS **510 FRISCO RD.**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **S** ☐ Delete
NAME **LANG, TORI**
STREET ADDRESS **4350 FAIRFIELD DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **DT** ☒ Delete
NAME **DAVIS-JOHNSON, MICHELLE**
STREET ADDRESS **3955 BONWAY DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE

SIGNATURE REQUIRED

4-27-03

CR2E037 (10/02)