2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# N97000001561

Entity Name: LIVING WATERS MINISTRIES OF TARPON SPRINGS, INC.

Current Principal Place of Business:

3040 36 AVE S
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 991
TARPON SPRINGS, FL 34688

New Mailing Address:

3040 36. AVE. S.
SAINT PETERBURG, FL 33712

FEI Number: 59-3439217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUDSON, ELLA M
214 E LIME STREET
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

WARREN, ELLA M
3040 36AVE. SOUTH
SAINT PETERBURG, FL 33712 US

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: ELLA MAE WARREN 09/02/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAKE, ELANDER
Address: 515 E OAKWOOD ST.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete
Name: SMITH, MILTON
Address: 1546 RIVER OAK
City-St-Zip: HOLIDAY, FL

Title: DS ( ) Delete
Name: WARREN, ELLA M
Address: 214 E LIME STREET
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLA MAE WARREN DS 09/02/2005
Electronic Signature of Signing Officer or Director Date