

SECOND NOTICE: CORPORATION HAS BEEN DISSOLVED (OR) AFTER 12 MONTHS, 15  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

98 NOV 10 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003105 (0)

1. Corporation Name

LIVING WATERS CHRISTIAN FELLOWSHIP OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

8401 W. SAMPLE ROAD  
SUITE 49  
CORAL SPRINGS FL 33065

8401 W. SAMPLE ROAD  
SUITE 49  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

65-0765923

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1461 SW 25th Ave

26 Post Office Box 8641

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Pompano Beach

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33442

25 Broward

29 33071

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSADO, ROBERT  
9050 NW 28TH STREET  
SUITE 128  
CORAL GABLES FL 33065

81 Name

FRITZ MARK

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

1461 SW 25th Avenue

83

84 City

Pompano Beach

FL

85 Zip Code

33442

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

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

(Fritz Mark) (Registered Agent) 10/31/98  
(NOTE: Registered Agent signature required upon reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ROSADO, ROBERT

STREET ADDRESS 9050 NW 28TH STREET, #23

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VD ☒ DELETE

NAME MARINO, LYDIA

STREET ADDRESS 8401 W. SAMPLE ROAD, #49

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☒ DELETE

NAME BERMUDEZ, PEGGY

STREET ADDRESS 5281 NW 70TH AVENUE

CITY-ST-ZIP MARGATE FL 33063

TITLE TD ☒ DELETE

NAME MOLINO, LOIDA

STREET ADDRESS 9050 N.W. 28TH STREET, #137

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Director ☒ Change ☐ Addition

1.2 NAME LOIDA MOLINO

1.3 STREET ADDRESS 9050 NW 28th ST #137

1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE Vice President Director ☒ Change ☐ Addition

2.2 NAME Nilda Velez

2.3 STREET ADDRESS 9050 NW 28th ST #114

2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

3.1 TITLE Secretary Director ☒ Change ☐ Addition

3.2 NAME MARY MCCOSTLIN

3.3 STREET ADDRESS 6370 SW 1st Street

3.4 CITY-ST-ZIP MARGATE, FL 33068

4.1 TITLE Fritz Mark ☒ Change ☐ Addition

4.2 NAME (Treasurer Director)

4.3 STREET ADDRESS 1461 SW 25th Avenue

4.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

5.1 TITLE Assistant Secretary Director ☐ Change ☒ Addition

5.2 NAME Diana Molino

5.3 STREET ADDRESS 9050 NW 28th ST #137

5.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME 600002687585

6.3 STREET ADDRESS -11183/98-01033--005

6.4 CITY-ST-ZIP \*\*\*\$61.25 \*\*\*\*\*61.25

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: Loida Molino **WIFE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/98 954-345-0769

Date

Daytime Phone #

CR2E037 (5/98)

0004220