

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 04, 2000 08:00 AM**
Secretary of State**DOCUMENT # N97000005670****1. Entity Name**

LIVING WATERS "OUTREACH" MINISTRIES, INC.

Principal Place of Business**Mailing Address**

637 W. LAKE WALES ROAD SOUTH

P.O. BOX 287

LAKE WALES
33853

FL

LAKE WALES
338590287

FL

2. Principal Place of Business**3. Mailing Address**

P.O. BOX 7641

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**City & State**

INDIAN LAKE ESTATES

FL

Zip**Country****Zip****Country**

33855

4. FEI Number**59-3471063****Applied For****Not Applicable****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**SUMMERS E. VICKIE
637 W. LAKE WALES ROAD SOUTHLAKE WALES
33853

FL

Name

SUMMERS E. VICKIE

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

PO BOX 7641

50 B DELAND AVE.

City

INDIAN LAKE ESTATES

FL**Zip Code**
33855**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.)

09/04/2000

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
T	LOPEZ PATRICIA	133 AUBURN RD	AUBURNDALE FL 33823	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	LOPEZ PATRICIA	606 W LAKE WALES RD S,	LAKE WALES FL 33853	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SMITH DIANA L	2851 N BOWDEN RD	AVON PARK FL 33825	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	SMITH DIANA L	3822 MACDONALD	LAKE WALES FL 33853	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SUMMERS E V	606 W LAKE WALES RD S	LAKE WALES FL 33853	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	SUMMERS E V	PO BOX 7641	INDIAN LAKE ESTATES FL 33855	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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				<input type="checkbox"/>	<input type="checkbox"/>

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				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.