2/1.

FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # N98000001577 1. Entire Name: LIVING WATER FULL GOSPEL CHURCH, INC. 02-13-2001 90067 039 ****61.25 Principal Place of Business Mailing Address 1458 S.W. SEAHAWK WAY 1458 S.W. SEAHAWK WAY PALM CITY FL 34990 98558 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0809413 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ___ _ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CAMPO, THEODORE J 1458 S.W. SEAHAWK WAY PALM CITY FL 34990 City Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity subm SIGNATURE Stanaba (NOTE: Registered Agent signature required when reinstating) FILE NOW 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE 13-581.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE CR2E037 (10/00) ☐ Delete TITLE CAMPO, THEODORE J NAME NAME 1458 S.W. SEAHAWK WAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE DUPREE, FRANK C NAME NAME 24 SHADETREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RIVERHEAD NY 11901** CITY-ST-ZIP TITLE ☐ Delete Addition CAMPO. JOSEPHINE B NAME NÂME STREET ADDRESS 1458 S.W. SEAHAWK WAY STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delate MLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE F9 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP 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(3Xi). 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. The proposer of the corporation of the corporation of the corporation of the receiver of trustee empowered.