

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001577

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** LIVING WATER FULL GOSPEL CHURCH, INC.

**Current Principal Place of Business:**

3114 S.E. INDIAN ST  
STUART, FL 34997

**New Principal Place of Business:**

4627 S.E. BRIDGETOWN CT.  
STUART, FL 34997

**Current Mailing Address:**

C/O CAMPO  
4627 S.E. BRIDGETOWN CT  
STUART, FL 34997

**New Mailing Address:**

4627 S.E. BRIDGETOWN CT.  
STUART, FL 34997

**FEI Number:** 65-0809413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPO, THEODORE J  
4627 S.E. BRIDGETOWN CT  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPO, THEODORE J  
Address: 4627 S.E. BRIDGETOWN CT  
City-St-Zip: STUART, FL 34997

Title: V (X) Delete  
Name: DUPREE, FRANK C  
Address: 24 SHADETREE LANE  
City-St-Zip: RIVERHEAD, NY 11901

Title: SD ( ) Delete  
Name: CAMPO, JOSEPHINE B  
Address: 4627 S.E. BRIDGETOWN CT  
City-St-Zip: STUART, FL 34997

**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 exemption stated in Chapter 119, 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: THEODORE J. CAMPO

PD

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date