

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90028 022 ****61.25

DOCUMENT # N99000003525

1. Entity Name

LIVING WATERS OF MIDDLEBURG, INC.

Principal Place of Business

Mailing Address

**10 PLANKTON AVE
MIDDLEBURG FL 32068****10 PLANKTON AVE
MIDDLEBURG FL 32068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4640 CR 218 W

Suite, Apt. #, etc.

3. Mailing Address

4640 CR 218 W

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg, FL

4. FEI Number

59-3584746

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLS, DENNIS K
10 PLANKTON AVE
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name
Mills, Dennis K.Street Address (P.O. Box Number is Not Acceptable)-
4640 CR 218 WCity
Middleburg, FL Zip Code
32068

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 **Dennis K. Mills**

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

(NOTE: Registered Agent signature required when reinstating)

4/14/02

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MILLS, DENNIS K	
STREET ADDRESS	10 PLANKTON AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, DWIGHT S	
STREET ADDRESS	2222 COSMOS AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CORDELL, JONNIE J	
STREET ADDRESS	4381 JOHNS CEMETERY RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, BRENDA K	
STREET ADDRESS	10 PLANKTON AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINTON, DONN	
STREET ADDRESS	1624 BIG BRANCH ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, KENNETH	
STREET ADDRESS	125 PLANKTON AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hamilton, Sheri L	
STREET ADDRESS	3473 Devilwood Rd.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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(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.

SIGNATURE:

Sheri L Hamilton**4/14/02****904-291-0704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)