

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 006 ****70.00

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1. Entity Name

LIVING WATERS OF MIDDLEBURG, INC.



Principal Place of Business

**4640 CR 218 WEST
MIDDLEBURG FL 32068**

Mailing Address

**4640 CR 218 WEST
MIDDLEBURG FL 32068**

54005145



MOORE CR2E037 (11/03)

2. Principal Place of Business

4524 Camellia Street,

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Middleburg, Florida

City & State

4. FEI Number

59-3584746

Applied For

Not Applicable

Zip

32068

Country

Clay

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLS, DENNIS K
4640 CR 218 WEST
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dennis K. Mills-President**

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

(NOTE: Registered Agent signature required when reinstating)

2/09/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **MILLS, DENNIS K**
STREET ADDRESS **10 PLANKTON AVE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **SD** ☒ Delete
NAME **HAMILTON, SHERI L**
STREET ADDRESS **3473 DEVILWOOD ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068** **Deceased**

TITLE **D** ☐ Delete
NAME **MILLS, BRENDA K**
STREET ADDRESS **10 PLANKTON AVENUE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Delete
NAME **LINTON, DONNA**
STREET ADDRESS **1624 BIG BRANCH ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Delete
NAME **YOUNG, KENNETH**
STREET ADDRESS **125 PLANKTON AVE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Mills, Dennis K** ☒ Change ☐ Addition
NAME **POBox 2143**
STREET ADDRESS **Middleburg FL 32050**
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Jeffery W. Hamilton**
STREET ADDRESS **3473 Devilwood Road**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **SD** ☒ Change ☐ Addition
NAME **Mills, Brenda K**
STREET ADDRESS **POBox 2143**
CITY-ST-ZIP **Middleburg FL 32050**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 149.07(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: **Brenda K. Mills-Sect/Dir**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-291-0704

Date

Daytime Phone #