
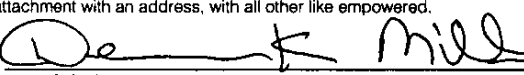


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90004 037 \*\*\*\*70.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N99000003525</b>  |  |  |  |    |  |
| <b>1. Entity Name</b><br>LIVING WATERS OF MIDDLEBURG, INC.  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>4524 CAMELLIA STREET<br>MIDDLEBURG, FL 32068  |  |  | <b>Mailing Address</b><br>4640 CR 218 WEST<br>MIDDLEBURG, FL 32068 |   |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | 01182006 Chg-NP CR2E037 (11/05)   |  |
| <b>4. FEI Number</b><br>59-3584746  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                 |   |  |
| MILLS, DENNIS K<br>4640 CR 218 WEST<br>MIDDLEBURG, FL 32068   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
|   |  |  | FL Zip Code  |   |  |
| <b>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.</b>  |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PCD<br>MILLS, DENNIS K<br>PO BOX 2143<br>MIDDLEBURG, FL 32050 <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HAMILTON, JEFFERY W<br>3473 DEVILWOOD ROAD<br>MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | D<br>Deese, Shawn B<br>5557 Oregon Trail<br>Middleburg, FL 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MILLS, BRENDA K<br>P.O. BOX 2143<br>MIDDLEBURG, FL 32050 <input type="checkbox"/> Delete                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LINTON, DONNA<br>1624 BIG BRANCH ROAD<br>MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>YOUNG, KENNETH<br>125 PLANKTON AVE<br>MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>YOUNG, ROBIN<br>125 PLANKTON AVE<br>MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b>    |  |  | 3-20-06 904-291-0704   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #   |   |  |