
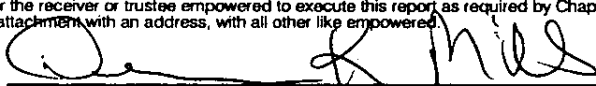


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90387 037 ****70.00

DOCUMENT # N99000003525 1. Entity Name LIVING WATERS OF MIDDLEBURG, INC.					
Principal Place of Business 4524 CAMELLIA STREET MIDDLEBURG, FL 32068			Mailing Address P O BOX 2143 MIDDLEBURG, FL 32050		
2. Principal Place of Business - No P.O. Box # 1871 Blanding Blvd.			3. Mailing Address Suite, Apt. #, etc.		
City & State Middleburg FL			City & State Suite, Apt. #, etc.		
Zip 32068		Country US		4. FEI Number 59-3584746	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Dennis K. Mills Street Address (P.O. Box Number is Not Acceptable) 2504 Begonia Drive City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD. MILLS, DENNIS K PO BOX 2143 MIDDLEBURG, FL 32050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEESE, SHAWN B 5557 OREGON TRAIL MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, BRENDA K P.O. BOX 2143 MIDDLEBURG, FL 32050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, DONNA 1624 BIG BRANCH ROAD MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, KENNETH 125 PLANKTON AVE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, ROBIN 125 PLANKTON AVE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2504 Begonia Drive Middleburg, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Neeld 535 SW Nightingale Street Keystone Heights, FL 32656				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2504 Begonia Drive Middleburg, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO				
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.					
SIGNATURE: 			4-24-08 904-291-4777		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		