

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003525

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LIVING WATERS OF MIDDLEBURG, INC.

**Current Principal Place of Business:**

1871 BLANDING BLVD.  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2143  
MIDDLEBURG, FL 32050

**New Mailing Address:**

FEI Number: 59-3584746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MILLS, DENNIS K  
2504 BEGONIA DRIVE  
MIDDLEBURG, FL 32068 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: PCD ( ) Delete  
Name: MILLS, DENNIS K  
Address: 2504 BEGONIA DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: NEELD, ROBERT  
Address: 535 SW N IGHINGALE STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD ( ) Delete  
Name: MILLS, BRENDA K  
Address: 2504 BEGONIA DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: YOUNG, KENNETH  
Address: 125 PLANKTON AVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD ( ) Delete  
Name: YOUNG, ROBIN  
Address: 125 PLANKTON AVE  
City-St-Zip: MIDDLEBURG, FL 32068

**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:

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: DENNIS K MILLS

PCD

04/28/2009

Electronic Signature of Signing Officer or Director

Date