

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742479

Entity Name: LIVING WATERS WORSHIP CENTER OF GREEN COVE SPRINGS, INC.**Current Principal Place of Business:**1104 IDLEWILD AVE
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**PO BOX 1207
GREEN COVE SPRINGS, FL 32043-1207**FEI Number: 59-2222923****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARRIE, III, LEON J
1620 RIVERS RD
GREEN COVE SPRINGS, FL 32043 US*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: LEON J. BARRIE, III****02/11/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	S	Title	P
Name	HUNTER, HARRY L	Name	BARRIE, III, LEON J
Address	1646 RIVERS RD.	Address	1620 RIVERS RD
City-State-Zip:	GREEN COVE SPGS. FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043
Title	DCT	Title	D
Name	GILLIES, DEBRA T	Name	MEARS, SCOTT
Address	3949 WISEMAN RD	Address	201 PARK STREET
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043
Title	D		
Name	STRAVATO, MICHAEL D		
Address	3184 TRISHA'S COURT		
City-State-Zip:	GREEN COVE SPRINGS FL 32043		

I hereby 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 all other like empowered.

SIGNATURE: HARRY L HUNTER**SECRETARY****02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date