

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003073

**FILED**  
**Jan 18, 2021**  
**Secretary of State**  
**3772005160CC**

**Entity Name:** LIVING WATER FREE METHODIST CHURCH INC

**Current Principal Place of Business:**

1225 ADIRONDACK ST.  
DELTONA, FL 32725

**Current Mailing Address:**

PASTOR NELSON HOM  
230 ENKA AVE.  
ORLANDO, FL 32835 US

**FEI Number:** 59-3687950

**Certificate of Status Desired:** No

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

HOM, NELSON  
230 ENKA AVE.  
ORLANDO, FL 32835 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	TR
Name	HOM, NELSON	Name	PRALL, SHARON
Address	230 ENKA AVE.	Address	1125 ADIRONDACK ST.
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	DELTONA FL 32725

*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:** NELSON HOM

**SENIOR PASTOR**

**01/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date