

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003073

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC6723240395**

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

**Current Principal Place of Business:**

1595 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1595 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**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  
Name HOM, NELSON  
Address 230 ENKA AVE.  
City-State-Zip: ORLANDO FL 32835

Title TR  
Name PRALL, SHARON  
Address 668 PYRAMID AVE.  
City-State-Zip: DELTONA FL 32725

Title SE  
Name MOLOHON, ANN  
Address P.O. BOX833  
City-State-Zip: OSTEEN FL 32764

*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**

**02/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date