

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

DOCUMENT# N08000006463

**Entity Name:** LIVING WATER APOSTOLIC CHURCH INC**Current Principal Place of Business:**3001 HWY 71 NORTH  
MARIANNA, FL 32446**Current Mailing Address:**P O BOX 634  
MARIANNA, FL 32447 US**FEI Number:** 94-3432851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO, SR, ROBERTO A  
2855 OWENS ST.  
MARIANNA, FL 32446 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	CASTILLO, ROBERTO A PASTOR
Address	2855 OWENS ST.
City-State-Zip:	MARIANNA FL 33446

Title	VD
Name	CASTILLO, ELIZABETH J LADY
Address	2855 OWENS ST.
City-State-Zip:	MARIANNA FL 33446

Title	D
Name	SMITH, GILBERT S PASTOR
Address	6702 NW 15TH AVENUE
City-State-Zip:	MIAMI FL 33147

Title	TD
Name	BRISNON, ANNIE R MOTHER
Address	4263 SCHWENCHE DR.
City-State-Zip:	MARIANNA FL 33448

Title	AD
Name	JONES, WILLIE J APOSTLE
Address	PO BOX 634
City-State-Zip:	MARIANNNA FL 32447

Title	SD
Name	BATTLE, EBONILENA T
Address	3655 AUBER ROAD
City-State-Zip:	GREENWOOD FL 32443

*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:** ROBERTO A. CASTILLO SR.**PRESIDENT****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date