

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005524

Entity Name: WATERSTONE FELLOWSHIP MINISTRIES, INC.**Current Principal Place of Business:**140 ALEXANDRIA BLVD
SUITE D
OVIEDO, FL 32765**Current Mailing Address:**P O BOX 622742
OVIEDO, FL 32762-2742 US**FEI Number:** 27-2773569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BABINGTON, ANN
140 ALEXANDRIA BLVD
SUITE D
OVIEDO, FL 32765 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	CO-TRUSTEE
Name	SPEARS, WAYNE
Address	P O BOX 622742
City-State-Zip:	OVIEDO FL 32762-2742

Title	CO-TRUSTEE
Name	GOFORTH, KELLY
Address	P O BOX 622742
City-State-Zip:	OVIEDO FL 32762-2742

Title	BOOKKEEPER
Name	BABINGTON, ANN
Address	P O BOX 622742
City-State-Zip:	OVIEDO FL 32762-2742

Title	PRESIDENT
Name	BROWN, ANDREW T
Address	P O BOX 622742
City-State-Zip:	OVIEDO FL 32762-2742

Title	CO-TRUSTEE
Name	MCDONALD, GARY DR.
Address	P O BOX 622742
City-State-Zip:	OVIEDO FL 32762-2742

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: ANN BABINGTON

BOOKKEEPER

03/08/2018

Electronic Signature of Signing Officer/Director Detail_____
Date