

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16821

**Entity Name:** LIVING SPRINGS FAMILY WORSHIP CENTER, INC.**Current Principal Place of Business:**LIVING SPRINGS FAMILY WORSHIP CENTER  
26471 STATE ROAD 247  
BRANFORD, FL 32008**Current Mailing Address:**LIVING SPRINGS FAMILY WORSHIP CENTER  
PO BOX 207  
BRANFORD, FL 32008 US**FEI Number:** 59-2240730**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ISTRE, CHARLES A PASTOR  
7756 264TH ST  
BRANFORD, FL 32008 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:** CHARLES A. ISTRE

04/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title PD  
Name ISTRE, CHARLES A  
Address 7756 264TH ST.  
City-State-Zip: BRANFORD FL 32008Title D  
Name REINHARDT, JOHN D  
Address 22059 47TH DR  
City-State-Zip: LAKE CITY FL 32024Title D  
Name SIMPSON, DIANE  
Address 20228 125TH PLACE  
City-State-Zip: O'BRIEN FL 32071Title D  
Name GIBBS, ROBERT  
Address 25694 21ST. RD  
City-State-Zip: O'BRIEN FL 32071Title D  
Name CORBIN, JACK  
Address 7009 139TH DRIVE  
City-State-Zip: LIVE OAK FL 32060

*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:** CHARLES A. ISTRE

PASTOR

04/06/2020

Electronic Signature of Signing Officer/Director Detail

Date