

2018 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:** No**Name and Address of Current Registered Agent:**ISTRE, CHARLES APASTOR
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:**_____
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 THOMPSON, CHARLES EDWARD
Address 24892 49TH ROAD
City-State-Zip: O'BRIEN FL 32071Title D
Name SIMPSON, DIANE
Address 20228 125TH PLACE
City-State-Zip: O'BRIEN FL 32071Title D
Name LEE, ROBBIE
Address 8598 274TH STREET
City-State-Zip: BRANFORD FL 32008Title 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**SECRETARY****01/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date