

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004532

Entity Name: LIVING WATERS FELLOWSHIP, INC.**Current Principal Place of Business:**2201 JOEL BOULEVARD
ALVA, FL 33920**Current Mailing Address:**2201 JOEL BOULEVARD
ALVA, FL 33920**FEI Number:** 20-1061426**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AKERS, ROBERT NPASTOR
100 RIDGEMONT DRIVE
LEHIGH ACRES, FL 33972 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:** ROBERT N. AKERS

03/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------|
| Title | P |
| Name | AKERS, ROBERT N |
| Address | 100 RIDGEMONT DRIVE |
| City-State-Zip: | LEHIGH ACRES FL 33972 |

| | |
|-----------------|-----------------------|
| Title | S |
| Name | AKERS, KATY MCCARLEY |
| Address | 100 RIDGEMONT DR |
| City-State-Zip: | LEHIGH ACRES FL 33972 |

| | |
|-----------------|-----------------------|
| Title | VP |
| Name | AKERS, CALEB DANIEL |
| Address | 100 RIDGEMONT DRIVE |
| City-State-Zip: | LEHIGH ACRES FL 33972 |

| | |
|-----------------|-----------------------|
| Title | D |
| Name | TOTEN, KENNETH |
| Address | 101 E. JASMINE RD |
| City-State-Zip: | LEHIGH ACRES FL 33936 |

| | |
|-----------------|-----------------------|
| Title | T |
| Name | CRUZ, DAVID |
| Address | 2600 E. 2ND ST |
| City-State-Zip: | LEHIGH ACRES FL 33936 |

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: ROBERT N AKERS

P

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date