

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010824

**FILED**  
**Feb 28, 2013**  
**Secretary of State**  
**CC2828861909**

**Entity Name:** WELL OF LIVING WATER MINISTRY INC

**Current Principal Place of Business:**

7740 WILES ROAD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

6606 NW 74TH PLACE  
TAMARAC, FL 33321 US

**FEI Number:** 26-1190733

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, EMILE P  
7740 WILES ROAD  
CORAL SPRINGS, FL 33065 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 P  
Name CLERIE, GERALD  
Address 6606 NW 74TH PLACE  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name CLERIE, PAUL  
Address 7520 NW 47TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title T  
Name CLERIE, JAMES  
Address 1425 NW 66TH AVENUE  
City-State-Zip: MARGATE FL 33063

Title SD  
Name MARTIN, EMILE P  
Address 9085 PLYMOUTH PLACE  
City-State-Zip: TAMARAC FL 33321

*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:** EMILE MARTIN

**SD**

**02/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date