

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N05903 (2)

1. Corporation Name
LIVING WATER FOUNDATION, INC.

Principal Place of Business P.O. BOX 58 VALENTINES VA 23887 US	Mailing Address C/O AHEARN, JASCO & CO 190 SE 18TH AVENUE POMPANO BEACH FL 33060-7541 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 10/29/1984	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2509979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TOUPIN WILLIAM R
C/O AHEARN, JASCO & CO
190 SE 18TH AVENUE
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIELSEN, NAHMEN	1.2 NAME	MARK HELLENDER
STREET ADDRESS	P.O. BOX 58 (RT 687) } ① N/A	1.3 STREET ADDRESS	6221 OLD COURT RD. # 208
CITY-ST-ZIP	VALENTINES VA	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHALKER, FRED	2.2 NAME	THOMAS BATTLE
STREET ADDRESS	771 NE APPELBY ST	2.3 STREET ADDRESS	P.O. BOX 120
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	ALUM BANK, PA 19521-0180 } ① N/A
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, DOROTHY	3.2 NAME	
STREET ADDRESS	P.O. BOX 58 (RT 687) } ① N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALENTINES VA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRACCHIOLO, SAM	4.2 NAME	
STREET ADDRESS	3333 SOUTH CONGRESS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	① - Mailing address	5.2 NAME	
STREET ADDRESS	Street address N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *William Nielsen* **WILLIAM NIELSEN, PRES** 4/2/97 (804) 577-2923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026222

CR2E037 (9/96)