

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90031 047 ****61.25

DOCUMENT # N05903

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 19TH AVENUE
POMPANO BEACH FL 33060
US

3 1 6 3
311653 - 90031 - 47



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/29/1984

4. FEI Number

59-2509979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TOUPIN WILLIAM R
C/O AHEARN, JASCO & CO
190 SE 19TH 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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NIELSEN, NAHMEN
STREET ADDRESS P O BOX 58 N/A
CITY-ST-ZIP VALENTINES VA

☐ DELETE

TITLE DV
NAME CHALKER, FRED
STREET ADDRESS 771 NE APPLEBY ST
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE DS
NAME NIELSEN, DOROTHY
STREET ADDRESS P O BOX 58 N/A
CITY-ST-ZIP VALENTINES VA

☐ DELETE

TITLE D
NAME CRACCHIOLO, SAM
STREET ADDRESS 3333 SOUTH CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE D
NAME HELLENDER, MARK
STREET ADDRESS 6221 OLD COURT RD #208
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D
NAME ERTLE, THOMAS
STREET ADDRESS P O BOX 180
CITY-ST-ZIP ALUM BANK PA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Hellerder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99 (804) 577-2923

Date

Daytime Phone #

CR2E037 (1/1/98)

0025805