

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05903

1. Entity Name

LIVING WATER FOUNDATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90057 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 58  
VALENTINES VA 23887  
US

C/O AHEARN, JASCO & CO  
190 SE 19TH AVENUE  
POMPANO BEACH FL 33060-7541  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2509979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUPIN WILLIAM R  
C/O AHEARN, JASCO & CO  
190 SE 19TH AVENUE  
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NIELSEN, NAHMEN	
STREET ADDRESS	P O BOX 58 N/A	
CITY-ST-ZIP	VALENTINES VA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHALKER, FRED	
STREET ADDRESS	771 NE APPLEBY ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NIELSEN, DOROTHY	
STREET ADDRESS	P O BOX 58 N/A	
CITY-ST-ZIP	VALENTINES VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRACCHIOLO, SAM	
STREET ADDRESS	3333 SOUTH CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELLENDER, MARK	
STREET ADDRESS	6221 OLD COURT RD #208	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERTLE, THOMAS	
STREET ADDRESS	P O BOX 180	
CITY-ST-ZIP	ALUM BANK PA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00 (804) 577-2923

CR2E037 (9/99)