

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90006 011 ****61.25

DOCUMENT # N05903

1. Entity Name

LIVING WATER FOUNDATION, INC.

949441



DO NOT WRITE IN THIS SPACE

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

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

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

7. Name and Address of New Registered Agent

Name **CHARL NIELSEN**

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

628 N.W. 13 STREET

24

City **BOCA RATON**

FL

Zip Code
33486

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]

4-12-2001

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01 (804) 577-2923

CR2E037 (10/00)