

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002233 (3)

1. Corporation Name

LIVING WATERS PROGRAMS, INCORPORATED



Principal Place of Business

11450 SW 16TH ST.
DAVIE FL 33325

Mailing Address

11450 SW 16TH ST.
DAVIE FL 33325

3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number

65-0665418

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABOWITZ, RABBI S
11450 SW 16TH ST.
DAVIE FL 33325

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LABOWITZ, PHILLIP A RABBI
STREET ADDRESS 11450 SW 16TH ST.
CITY-ST-ZIP DAVIE FL 33325

TITLE D ☐ DELETE
NAME LABOWITZ, SHONI RABBI
STREET ADDRESS 11450 SW 16TH ST.
CITY-ST-ZIP DAVIE FL 33325

TITLE D ☐ DELETE
NAME CHESS, HOWARD
STREET ADDRESS 1871 NW 108TH AVE.
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME Labowitz, Phillip A Rabbi
1.3 STREET ADDRESS 11450 SW 16th Street
1.4 CITY-ST-ZIP DAVIE FL 33325

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME LABOWITZ, Shoni Rabbi
2.3 STREET ADDRESS 11450 SW 16th St.
2.4 CITY-ST-ZIP DAVIE FL 33325

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME Chess, Howard
3.3 STREET ADDRESS 1871 NW 108 Ave
3.4 CITY-ST-ZIP PLANTATION, FL 33322

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 500001863255 ☐ Change ☐ Addition
5.2 NAME -06/17/96 --01022--022
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Howard Chess Howard Chess Director 4/16/96 954-476-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)