

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006659

Entity Name: LIVING WATER COUNSELLING, INC.**Current Principal Place of Business:**8431 LAKE WORTH ROAD
LAKE WORTH, FL 33467**Current Mailing Address:**8431 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US**FEI Number:** 84-2405991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WISE, NORMAN
8431 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WISE, NORMAN
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name URQUHART, GLEN
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER, DIRECTOR
Name SPERDUTO, GUY
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name CALDWELL, LIZ
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name AYERS, MARK
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title CEO, DIRECTOR
Name PARKER, MELANIE
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, DIRECTOR
Name RITER, TYE PASTOR
Address 8431 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN WISE**PRESIDENT****04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date