

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000004352

**Entity Name:** LIFE WATERS, INC.

**Current Principal Place of Business:**

1519 BIG BILL RD  
ARNOLD, MO 63010

**Current Mailing Address:**

4725 GREEN PARK RD  
ST. LOUIS, MO 63123 US

**FEI Number:** 46-5104322

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WILSON, MATTHEW  
828 OAK HARBOR DR  
JUNO BEACH, FL 33408 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 DP  
Name WILSON, MATTHEW  
Address 4725 GREEN PARK RD  
City-State-Zip: ST LOUIS MO 63123

Title DS  
Name HATFIELD, JESSI  
Address 4725 GREEN PARK RD  
City-State-Zip: ST LOUIS MO 63123

Title D  
Name MAGILL, HOWARD  
Address 4725 GREEN PARK RD  
City-State-Zip: ST LOUIS MO 63123

Title DV  
Name COMBS, JEFFREY  
Address 4725 GREEN PARK RD  
City-State-Zip: ST LOUIS MO 63123

Title D  
Name WRIGHT, CHARLEY  
Address 4725 GREEN PARK RD  
City-State-Zip: ST LOUIS MO 63123

Title D  
Name CAMPBELL, JILL  
Address 4725 GREEN PARK RD  
City-State-Zip: ST LOUIS MO 63123

*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:** WILSON, MATTHEW

**PRESIDENT**

**01/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date