

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752888

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: WEST FLORIDA LIGHTNING AQUATICS, INC.

**Current Principal Place of Business:**

WFLA  
13120 VONN ROAD  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1144  
INDIAN ROCKS BEACH, FL 337851144

**New Mailing Address:**

FEI Number: 59-6582968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CALDWELL, KATHARINE J  
106556 INDIAN HILLS COURT  
LARGO, FL 33777 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CALDWELL, KATHARINE J  
Address: 106556 INDIAN HILLS COURT  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: SCOTT, ANN  
Address: 8353 BAYSHORE DR.  
City-St-Zip: TREASURE ISLAND, FL 33707

Title: S ( ) Delete  
Name: BOUCHER, BECKY  
Address: 6388 93RD TERRACE N. #4601  
City-St-Zip: PINELLAS PARK, FL 33782

Title: T ( ) Delete  
Name: MOSES, TRICIA  
Address: 12432 HENRIETTA AVE.  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MOSES, PATRICIA  
Address: 12432 HENRIETTA AVE.  
City-St-Zip: LARGO, FL 33774

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA T. MOSES

T

07/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date