
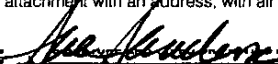


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90002 025 \*\*\*\*70.00

DOCUMENT # F05000001330					
1. Entity Name WATERKEEPER ALLIANCE, INC.					
Principal Place of Business 50 S. BUCKHOUT STREET SUITE 302 IRVINGTON, NY 10533		Mailing Address 50 S. BUCKHOUT STREET SUITE 302 IRVINGTON, NY 10533			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4071318	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, ROBERT F JR		NAME	Robert F Kennedy JR	
STREET ADDRESS	78 NORTH BRAODWAY		STREET ADDRESS	78 North Broadway	
CITY-ST-ZIP	WHITE PLAINS, NY 10603		CITY-ST-ZIP	White Plains, NY 10603	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKER, TERRY		NAME	Terry Backer	
STREET ADDRESS	P.O. BOX 4058		STREET ADDRESS	P.O. Box 4058	
CITY-ST-ZIP	EAST NORWALK, CT 06855		CITY-ST-ZIP	East Norwalk, CT 06855	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, LEO		NAME	Eric Bozzi	
STREET ADDRESS	55 HAWTHORNE STREET, SUITE 550		STREET ADDRESS	50 S. Buckhout Street, Suite 302	
CITY-ST-ZIP	SAN FRANCISCO, CA 941053924		CITY-ST-ZIP	Irvington, NY 10533	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, SUE		NAME	Sue Sanderson	
STREET ADDRESS	828 SOUTH BROADWAY SUITE 100		STREET ADDRESS	50 S. Buckhout Street, Suite 302	
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP	Irvington, NY 10533	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAWAY, CASI		NAME	Casi Callaway	
STREET ADDRESS	5 NORTH JACKSON STREET		STREET ADDRESS	300 Dauphin Street #200	
CITY-ST-ZIP	MOBILE, AL 36602		CITY-ST-ZIP	Mobile, Alabama 36602	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPLAN, KARL		NAME	Karl Coplan	
STREET ADDRESS	78 NORTH BROADWAY		STREET ADDRESS	78 North Broadway	
CITY-ST-ZIP	WHITE PLAINS, NY 10603		CITY-ST-ZIP	White Plains, NY 10603	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Sue Sanderson, Asst. Treasurer				914-674-0622	