

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90272 048 ****70.00

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DOCUMENT # N00000003843

1. Entity Name
WATER FOR THE NATIONS, INC.



Principal Place of Business Mailing Address
712 DOYCE DRIVE **712 DOYCE DRIVE**
FORT WALTON BEACH FL 32547 **FORT WALTON BEACH FL 32547**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3654955** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HINESLEY, JACK RANDY
230 WYNN HAVEN BEACH ROAD
MARY ESTHER FL 32569

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | DD | <input type="checkbox"/> Delete |
| NAME | HINESLEY, JACK RANDY <i>President</i> | |
| STREET ADDRESS | 712 DOYCE DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HINESLEY, VICKI | |
| STREET ADDRESS | 712 DOYCE DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | EVANS, MAURICE E | |
| STREET ADDRESS | 347 CANTEBURY CIRCLE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BRANDES, JAY H | |
| STREET ADDRESS | 661 FAIRWAY AVENUE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GHIETTO, JEFF | |
| STREET ADDRESS | 17602 WHISTLING LANE | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Miguel Nadal</i> D | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Toni Nadal</i> D | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Mike Tomasulo</i> DD | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Lisa Tomasulo</i> D | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 4-29-03 850-315-4680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)