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

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90084 016 ****61.25

DOCUMENT # N01000000337

1. Entity Name

COMMUNITY WATERSHED FUND INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
571 HAVERTY COURT	571 HAVERTY COURT
Suite, Apt. #, etc.: SUITE P	Suite, Apt. #, etc.: SUITE P
City & State: ROCKLEDGE, FL	City & State: ROCKLEDGE, FL
Zip: 32955 Country: USA	Zip: 32955 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3702284 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS DEBUCK

Street Address (P.O. Box Number is Not Acceptable): 414 RICHARD ROAD, SUITE 100

City: ROCKLEDGE, FL Zip Code: 32955

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.

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

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P, D, C
NAME	THOMAS DEBUSK
STREET ADDRESS	414 RICHARD ROAD, SUITE 100
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VP, D, M
NAME	DONALD KENT
STREET ADDRESS	15805 BAY VISTA DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	T, ST, D
NAME	THOMAS GOFFINET
STREET ADDRESS	2107 HELEN STREET
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GOFFINET SECRETARY 4/25/02 321-773-0965