2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# N01000000337

Entity Name: COMMUNITY WATERSHED FUND INC.

Current Principal Place of Business:

571 HAVERTY COURT
STE P
ROCKLEDGE, FL 32955

New Principal Place of Business:

365 GUS HIPP BOULEVARD
ROCKLEDGE, FL 32955

Current Mailing Address:

571 HAVERTY COURT
STE P
ROCKLEDGE, FL 32955

New Mailing Address:

365 GUS HIPP BOULEVARD
ROCKLEDGE, FL 32955

FEI Number: 59-3702284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBUSK, THOMAS
414 RICHARD ROAD
SUITE 100
ROCKLEDGE, FL 32955

Name and Address of New Registered Agent:

DEBUSK, THOMAS
365 GUS HIPP BOULEVARD
ROCKLEDGE, FL 32955

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: _____ 03/23/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEBUSK, THOMAS
Address: 414 RICHARD ROAD, SUITE 100
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: KENT, DONALD
Address: 1916 MANOR DRIVE
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete
Name: GOFFINET, THOMAS
Address: 2107 HELEN STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEBUSK, THOMAS
Address: 365 GUS HIPP BOULEVARD
City-St-Zip: ROCKLEDGE, FL 32955

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS GOFFINET D 03/23/2004
Electronic Signature of Signing Officer or Director — Date