

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2004
Secretary of State**

DOCUMENT# N02000000513

Entity Name: WATER ENHANCEMENT & RESTORATION COALITION, INC.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD., STE. 160
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD., STE. 160
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 01-0383932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOREHAN, WALTER
125 S. GADSDEN ST., STE. 300
TALLAHASSEE, FL 32301 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: CONRECODE, TOM
Address: 3003 TAMIAMI TRAIL N. S6 400
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CONNELL, SCOTT
Address: 9240 MARKETPLACE RD. STE 2
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: BARBER, RICK
Address: 7400 TAMIAMI TR. N. STE 200
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BAUER, MIKE
Address: 109 DEBRON DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BARROW, CARL
Address: 2121 WEST FIRST ST
City-St-Zip: FORT MYERS, FL 33902

Title: DTS () Delete
Name: ARNOLD, SHARON
Address: 1520 ROYAL PALM DQ BLVD., STE 160
City-St-Zip: FORT MYERS, FL 33919

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

Title: D (X) Change () Addition
Name: BARRACO, CARL
Address: 2121 WEST FIRST ST
City-St-Zip: FORT MYERS, FL 33902

Title: DTS (X) Change () Addition
Name: ARNOLD, SHARON
Address: 1520 ROYAL PALM SQ BLVD., STE 160
City-St-Zip: FORT MYERS, FL 33919

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: SHARON ARNOLD

DTS

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date