

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000513

FILED  
Jan 20, 2009  
Secretary of State

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: 01-0583932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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: PALMER, CARLA  
Address: 6520 HIGHLAND PINES CIRCLE  
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: BARRACO, CARL  
Address: 2271 MCGREGOR BOULEVARD  
City-St-Zip: FORT MYERS, FL 33901

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

Title: D      ( ) Delete  
Name: FIKOSKI, KIM  
Address: 9990 COCONUT RD STE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

**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:      ( ) 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 exemption stated 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 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

Electronic Signature of Signing Officer or Director

DTS

01/20/2009

Date