

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 007 ****61.25

DOCUMENT # 740997

Corporation Name

FLORIDA WATER QUALITY ASSOCIATION, INC.

Principal Place of Business
1405 WINDEMERE AVE.
P.O. BOX #2531
LAKELAND FL 33806

Mailing Address
1405 WINDEMERE AVE.
P.O. BOX #2531
LAKELAND FL 33806

613409 - 90005 - 7



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2870834	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TRUEBLOOD, SUZANNE P. 1405 WINDEMERE AVENUE LAKELAND FL 33803				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	MONTOYA, GARY		1.2 NAME	STAN GRIFFIS	
REET ADDRESS	3656 SHAMROCK W		1.3 STREET ADDRESS	211 Claude Brandon Rd	
Y-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Atachua, FL 32615	
LE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	FRALIX, PHILIP		2.2 NAME	GREG WILLIS	
REET ADDRESS	3682 COSMOS STREET		2.3 STREET ADDRESS	1611 S.W. 147th Ct.	
Y-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	DUNNELLON, FL 34430	
LE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MAST, TONY		3.2 NAME	MICHAEL KECK	
REET ADDRESS	16051 OLD US 41		3.3 STREET ADDRESS	9454 Phillips Hwy #6	
Y-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32257	
LE	PD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DAVIS, DONN		4.2 NAME		
REET ADDRESS	22460 GLASS LN #8		4.3 STREET ADDRESS		
Y-ST-ZIP	CHARLOTTE HARBOR FL		4.4 CITY-ST-ZIP		
LE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BELTZ, ED		5.2 NAME		
REET ADDRESS	6902 COMMERCE BLVD		5.3 STREET ADDRESS		
Y-ST-ZIP	PT RICHEY FL		5.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/99 (941) 761-0096
Date Daytime Phone #

CR2E037 (5/99)