

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752888

**Entity Name:** WEST FLORIDA LIGHTNING AQUATICS, INC.

**Current Principal Place of Business:**

WFLA  
13120 VONN ROAD  
LARGO, FL 33774

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC0040823909**

**Current Mailing Address:**

P.O. BOX 1144  
INDIAN ROCKS BEACH, FL 33785-1144 US

**FEI Number: 59-6582968**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HEALY, ROBERT J  
7220 131ST STREET  
SEMINOLE, FL 33776 US

*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

**Officer/Director Detail :**

Title            P  
Name            HEALY, ROBERT J  
Address        13432 73RD AVENUE  
City-State-Zip: SEMINOLE FL 33776

Title            VP  
Name            CHRISTIAN, JULIE  
Address        1044 DAMROSCH STREET  
City-State-Zip: LARGO FL 33771

Title            T  
Name            BARBER, LONI  
Address        7864 LANTANA CREEK ROAD  
City-State-Zip: SEMINOLE FL 33777

Title            D  
Name            AKKER, LISA  
Address        13925 GULL WAY  
City-State-Zip: CLEARWATER FL 33762

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT J HEALY**

**PRESIDENT**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date