

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010646

FILED
Mar 06, 2017
Secretary of State
CC7200461464

Entity Name: WATER SPORTS FOUNDATION, INC.

Current Principal Place of Business:

4860 WATERWITCH POINT DR
ORLANDO, FL 32806

Current Mailing Address:

4860 WATERWITCH POINT DR
ORLANDO, FL 32806

FEI Number: 20-1947916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDDOCK, LARRY JMR.
4860 WATERWITCH POINT DR
ORLANDO, FL 32806 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 PRESIDENT
Name ARCHER, JOHN
Address 433 PARK AVE SOUTH
City-State-Zip: NEW LONDON OH 44851

Title VP
Name SPRINGER, JACK
Address 5075 KIMBERLY WY
City-State-Zip: LOUDON TN 37774

Title SECRETARY
Name DVORAK, MATT
Address 4936 S. PENINSULA DRIVE
City-State-Zip: PONCE INLET FL 32127

Title TREASURER
Name BIALICK, PAUL
Address 6700 HWY I-35
City-State-Zip: NEW BRAUNFELS TX 78136

Title DIRECTOR
Name MELOON, GREG
Address 14700 AEROSPACE PKWY
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR
Name POVLIN, JAY
Address 100 CHEROKEE COVE DR.
City-State-Zip: VONORE TN 37885

Title DIRECTOR
Name SANDRIDGE, GLENN
Address 460 N. ORLANDO AVE.
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name MANN, TROY
Address 1015 N. 2000 WEST
City-State-Zip: SPRINGVILLE UT 84663

Continues on page 2

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: JAN L MEDDOCK

REGISTERED AGENT

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title REGISTERED AGENT
Name MEDDOCK, JAN L
Address 4860 WATERWITCH POINT DR
City-State-Zip: ORLANDO 32806