

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001330

Entity Name: WATERKEEPER ALLIANCE, INC.

Current Principal Place of Business:

180 MAIDEN LANE
SUITE 603
NEW YORK, NY 10038

FILED
Mar 11, 2024
Secretary of State
6100489460CC

Current Mailing Address:

180 MAIDEN LANE
SUITE 603
NEW YORK, NY 10038 US

FEI Number: 13-4071318

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CHAIRMAN
Name RINK, GLEN
Address 4110 N. SCOTTSDALE RD.,
SUITE 235
City-State-Zip: SCOTTSDALE AZ 85251

Title ASSISTANT TREASURER
Name COOK, RACHEL
Address 180 MAIDEN LANE
SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name MOORE, KRIS
Address 26000 TORELLO LANE
City-State-Zip: LOS ALTOS HILLS CA 94022

Title DIRECTOR
Name STERN, LESSING
Address 180 MAIDEN LANE
SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name NENN, CHERYL
Address 1845 N FAREWELL AVE
SUITE 100
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR
Name BONITATIBUS, TONYA
Address 180 MAIDEN LANE
SUITE 603
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT
Name REUBEN, GLORIA
Address 78 NORTH BROADWAY
City-State-Zip: WHITE PLAINS NY 10603

Title TREASURER
Name ZAPPULLA, YVONNE
Address 15 VALENZA LANE
City-State-Zip: BLAUVELT NY 10913

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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: RACHEL COOK

ASSISTANT TREASURER 03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MONTEFERRI, BRUNO
Address 180 MAIDEN LANE, SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name WEED, KENT
Address 2924 CLUNE AVENUE
City-State-Zip: VENICE CA 90291

Title DIRECTOR
Name BROWN, GORDON
Address 180 MAIDEN LANE
SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name NICHOLAS, BETSY
Address 180 MAIDEN LANE
SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name TURNER SEYDEL, LAURA
Address 348 MANOR RIDGE DRIVE, NW,
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR
Name THOMAS, THEO
Address 180 MAIDEN LANE, SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name BURDETTE, KEMP
Address 180 MAIDEN LANE
SUITE 603
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name SENE, MALICK
Address 180 MAIDEN LANE, SUITE 603
City-State-Zip: NEW YORK NY 10038