

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000826

**Entity Name:** WATEREUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

625 FIRST STREET  
#621  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

625 FIRST STREET  
#621  
ALEXANDRIA, VA 22314 US

**FEI Number:** 68-0235568

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            TREJO, GILBERT  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            CFO  
Name            FORD, MONIQUE  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            SECRETARY  
Name            WEISS, BART  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            DIRECTOR  
Name            BELL, KATHERINE  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            DIRECTOR  
Name            BIESEMEYER, BRIAN  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            DIRECTOR  
Name            KEHOE, PAULA  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            DIRECTOR  
Name            COOK, PAUL  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

Title            DIRECTOR  
Name            FREEDMAN, JON  
Address        625 FIRST STREET  
                  #621  
City-State-Zip: ALEXANDRIA VA 22314

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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:** PATRICIA SINICROPI

**AUTHORIZED SIGNOR**

**03/01/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            AUTHORIZED SIGNOR  
Name            SINICROPI, PATRICIA  
Address        625 FIRST STREET  
                 #621  
City-State-Zip: ALEXANDRIA VA 22314