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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706788 (7)

1. Corporation Name

FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSO
CIATION INCORPORATED

Principal Place of Business

18392 OAKLEAF CT.
JUPITER FL 33458

Mailing Address

P.O. BOX 109602
PALM BEACH GARDENS FL 33410-9602
US



3. Date Incorporated or Qualified
02/03/1964

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2780778

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP, RIM
18392 OAK LEAF COURT
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BISHOP, RIM
18392 OAK LEAF CT
JUPITER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAMEN, TED
8941 SE SANDCASTLE CIRCLE
HOBESOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPP
LAWSON, DALE
3318 VALENCIA RD.
TAMPA FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARPENTER, JESSIE L
7655 S US #1 #3
TITUSVILLE FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
STENBERG, RICHARD
3900 FIRST LANE
VERO BEACH FL 32968

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SORAH, GRADY
5911 ACLAVISTA DRIVE
PUNTAGORDA FL 33950

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

STD
SHOUP, MARK
2239-B Simpson Rd Circle
Kissimmee, FL 34744

DPP
CARPENTER, JESSIE L
7655 S US #1 #3
TITUSVILLE, FL 32780

P
STENBERG, RICHARD
3900 FIRST LANE
VERO BEACH, FL 32968

V
SORAH, GRADY
5911 ACLAVISTA DRIVE
PUNTA GORDA, FL 33950

14. I do 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (561) 627-2900 314
Date Daytime Phone # 0040832

CR2E037 (9/96)