



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 011 \*\*\*\*61.25

<b>DOCUMENT # 751286</b> 1. Entity Name <b>WEST COAST CHAPTER OF FLORIDA GROUND WATER ASSOCIATION, INC.</b>					
Principal Place of Business <b>6462-125TH AVE., N. LARGO, FL 33773</b>			Mailing Address <b>6462-125TH AVE., N. LARGO, FL 33773</b>		
2. Principal Place of Business <b>424 ROCHESTER ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>424 ROCHESTER ST.</b> Suite, Apt. #, etc.			
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>		4. FEI Number <b>59-2109316</b>	
Zip <b>34609</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HALL, SHERWOOD W 6462-125TH AVE. NORTH LARGO, FL 33773</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>424 ROCHESTER ST.</b> City <b>SPRING HILL, FL</b> Zip Code <b>34609</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Sherwood W. Hall</i></u> <span style="float: right;">2/24/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LILLAND, BOBBY 12704 NEBRASKA AVE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPP LILLAND, ROY 12704 NEBRASKA AVE. TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERTS, DOROTHY L 5006 N. RENELLIE DR. TAMPA, FL 33614	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALL, SHERWOOD W. <del>6462-125TH AVE. N.</del> <del>LARGO, FL 33773</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>424 ROCHESTER ST. SPRING HILL, FL 34609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASHBURN, GAIL 10610 MCINTOSH RD THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCARTY, WILLIAM P.O. BOX 290699 TAMPA, FL 33687	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sherwood W. Hall</i></u> <span style="float: right;">2/24/05 727/463-9315</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					