

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752888

FILED
Feb 10, 2008
Secretary of State

Entity Name: WEST FLORIDA LIGHTNING AQUATICS, INC.

Current Principal Place of Business:

WFLA
13120 VONN ROAD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1144
INDIAN ROCKS BEACH, FL 337851144

New Mailing Address:

FEI Number: 59-6582968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, KATHARINE J
106556 INDIAN HILLS COURT
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALDWELL, KATHARINE J
Address: 106556 INDIAN HILLS COURT
City-St-Zip: LARGO, FL 33777

Title: D (X) Delete
Name: SCOTT, ANN
Address: 8353 BAYSHORE DR.
City-St-Zip: TREASURE ISLAND, FL 33707

Title: S () Delete
Name: BOUCHER, BECKY
Address: 6388 93RD TERRACE N. #4601
City-St-Zip: PINELLAS PARK, FL 33782

Title: T () Delete
Name: MOSES, PATRICIA
Address: 12432 HENRIETTA AVE.
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA MOSES

T

02/10/2008

Electronic Signature of Signing Officer or Director

Date