

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90025 015 ****61.25

DOCUMENT # 758966

1. Entity Name

SAFER WATER SOCIETY, INC.



Principal Place of Business

4002 19TH AVE WEST (34205)
P O BOX 7292
BRADENTON FL 34210

Mailing Address

4002 19TH AVE WEST (34205)
P O BOX 7292
BRADENTON FL 34210

2. Principal Place of Business

4002 19th AVENUE WEST

Suite, Apt. #, etc.

3. Mailing Address

4501 MANATEE AVE W. # 220

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

BRADENTON, FLORIDA

Zip **34205**

Country

MANATEE

City & State

BRADENTON FLORIDA

Zip

34209

Country

MANATEE

4. FEI Number

65-0163877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZEIGLER, JESSICA J
106 E. COLLEE AVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **FERRERI, PATRICIA**
STREET ADDRESS **4002 19TH AVE W**
CITY-ST-ZIP **BRADENTON FL**

TITLE **PD** ☐ Delete
NAME **FERRERI, SAL.**
STREET ADDRESS **4002 19 AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ Delete
NAME **ZEIGLER, JESSICA J**
STREET ADDRESS **2622 STONERIDGE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Patricia A Ferreri Secy Treas* **PATRICIA ANN FERRERI** 3/23/04 941-749-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #