2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 758966

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90103 030 ****61.25

| SAFEH W | ATER 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 |) | 1 ALBANI ALBA ALITI | 1811 6 1811 8 8111 8 811 8 818 1 818 1 8 | 4 11 11111 1111 | 11 11 11 11 11 11 | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | Сні | ECK HERE IF MAKING C | HANGES | | |
| City & State | | City & State | | 0077/10007/ | | plied For t Applicable | | |
| Žip | Country | - Zip | Country | 5. Certificate of Statu | | 3.75 Add e Required | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addres | s of New Registered Age | ent | | |
| | - | | Name | | | | | |
| ZEIGLER, JESSICA J 106 E. COLLEE AVE | | | Street Address | | (P.O. Box Number is Not Acceptable) | | | |
| | ASSEE FL 32301 | | | | | | | |
| | | | City | | FL | Zip Code | e | |
| 8. The above | named entity submits this statement for | or the purpose of changing its reg | gistered office or register | red agent, or both, in the | State of Florida. I am fan | niliar with, | and accept | |
| the obligat | tions of registered agent. | | | | | | | |
| τ | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: Re | egistered Agent signature required | d when reinstating) | DATE | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | w with | | | |
| FILE NOW: FEE IS \$61.25 | | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| | FILE NOW: FEE IS \$61.25 | | | | | | | |
| 10. | FILE NOW: FEE IS \$61.25 OFFICERS AND DI | Trust Fund Con | ntribution. | Added to Fees | | ent of S | State | |
| | OFFICERS AND DIF | Trust Fund Con | ntribution. | Added to Fees | Florida Departm | ent of S | State | |
| 10. TITLE NAME | OFFICERS AND DIF STD FERRERI, PATRICIA | Trust Fund Con | 11. / | Added to Fees | Florida Departm | ctors in | State 10 | |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND DIE STD FERRERI, PATRICIA 4002 19TH AVE W | Trust Fund Con | 11. TITLE NAME STREET ADDRESS | Added to Fees | Florida Departm | ctors in | State 10 | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIF STD FERRERI, PATRICIA 4002 19TH AVE W BRADENTON FL | Trust Fund Con | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees | Florida Departm TO OFFICERS AND DIRE | CTORS IN Change | 10 Addition | |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DII STD FERRERI, PATRICIA 4002 19TH AVE W BRADENTON FL PD FERRERI, SAL. | Trust Fund Con | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees | Florida Departm TO OFFICERS AND DIRE | CTORS IN Change | 10 Addition | |
| 10. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME | OFFICERS AND DIE STD FERRERI, PATRICIA 4002 19TH AVE W BRADENTON FL PD FERRERI, SAL. '4002 19'AVENUE WEST | Trust Fund Con | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Added to Fees | Florida Departm TO OFFICERS AND DIRE | CTORS IN Change | 10 Addition | |
| 10. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DII STD FERRERI, PATRICIA 4002 19TH AVE W BRADENTON FL PD FERRERI, SAL. | Trust Fund Con | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Added to Fees | Florida Departm TO OFFICERS AND DIRE | CTORS IN Change | 10 Addition | |
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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

941)749-5858 10 mar.03 (