


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90002 025 ****70.00

DOCUMENT # F05000001330 1. Entity Name WATERKEEPER ALLIANCE, INC.					
Principal Place of Business 50 S. BUCKHOUT STREET SUITE 302 IRVINGTON, NY 10533			Mailing Address 50 S. BUCKHOUT STREET SUITE 302 IRVINGTON, NY 10533		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4071318	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, ROBERT F JR 78 NORTH BRAODWAY WHITE PLAINS, NY 10603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Robert F Kennedy JR 78 North Broadway White Plains, NY 10603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKER, TERRY P.O. BOX 4058 EAST NORWALK, CT 06855	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Terry Backer P.O. Box 4058 East Norwalk, CT 06855	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, LEO 55 HAWTHORNE STREET, SUITE 550 SAN FRANCISCO, CA 941053924	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Bozzi 50 S. Buckhout Street, Suite 302 Irvington, NY 10533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SANDERSON, SUE 828 SOUTH BROADWAY SUITE 100 TARRYTOWN, NY 10591	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Sue Sanderson 50 S. Buckhout Street, Suite 302 Irvington, NY 10533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, CASI 5 NORTH JACKSON STREET MOBILE, AL 36602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Casi Callaway 300 Dauphin Street. #200 Mobile, Alabama 36602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPLAN, KARL 78 NORTH BROADWAY WHITE PLAINS, NY 10603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Karl Coplan 78 North Broadway White Plains, NY 10603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sue Sanderson</i>				Sue Sanderson, Asst. Treasurer	
<small>Signature and typed name of officer or director</small>				914-674-0622	