## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000337

FILED Jan 08, 2007 Secretary of State

Entity Name: COMMUNITY WATERSHED FUND INC.

Current Principal Place of Business: New Principal Place of Business:

365 GUS HIPP BOULEVARD ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

365 GUS HIPP BOULEVARD ROCKLEDGE, FL 32955

FEI Number: 59-3702284 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEBUSK, THOMAS

KENT, DONALD

365 GUS HIPP BOULEVARD

365 GUS HIPP BOULEVARD

365 GUS HIPP BOULEVARD
ROCKLEDGE, FL 32955 US
ROCKLEDGE, FL 32955 US

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: DONALD KENT 01/08/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DEBUSK, THOMAS
 Name:
 GOFFINET, THOMAS

 Address:
 365 GUS HIPP BOULEVARD
 Address:
 2107 HELEN STEET

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 MELBOURNE, FL 32901

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KENT, DONALD
 Name:

 Address:
 1916 MANOR DRIVE
 Address:

 City-St-Zip:
 COCOA, FL 32922
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 GOFFINET, THOMAS
 Name:

 Address:
 2107 HELEN STREET
 Address:

 City-St-Zip:
 MELBOURNE, FL 32901
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS GOFFINET D 01/08/2007