

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 044 ****61.25

DOCUMENT # N01000001887

1. Entity Name

**FLORIDA ASSOCIATION FOR WATER QUALITY
CONTROL, INC.**



Principal Place of Business

**123 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

Mailing Address

**123 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

2. Principal Place of Business

200 S. Orange Ave.

3. Mailing Address

P.O. Box 1526

Suite, Apt. #, etc.

Suite 2600

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32802

Country

USA

4. FEI Number

59-3755402

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETROVICH, MICHAEL
123 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Sims, Roger W.**

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

200 S. Orange Ave., Suite 2600

City **Orlando**

FL

Zip Code **32801**

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, 2005**

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 **VP** ☐ Delete
NAME **KOVACH, JANET**
STREET ADDRESS **2520 GUY VERGER ROAD**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **P** ☐ Delete
NAME **EDGAR, MICHAEL**
STREET ADDRESS **325 JOHN KNOW ROAD, BLDG A**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Delete
NAME **BRUNK, RON**
STREET ADDRESS **3225 HWY 630 W**
CITY-ST-ZIP **FT. MEADE FL 33841**

TITLE **S** ☐ Delete
NAME **HEDRICK, KENT**
STREET ADDRESS **P.O. BOX 14042, BB1A**
CITY-ST-ZIP **ST. PETERSBURG FL 33733-4042**

TITLE **D** ☒ Delete
NAME **KOVACH, CRAIG**
STREET ADDRESS **P.O. BOX 1480**
CITY-ST-ZIP **BARTOW FL 33831**

TITLE **D** ☐ Delete
NAME **ZAMANI, SAM**
STREET ADDRESS **3804 COCONUT PALM DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Kovach, Janet**
STREET ADDRESS **3434 Colwell Ave., Suite 120**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE **Past President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director & Registered Agent** ☐ Change ☒ Addition
NAME **Sims, Roger**
STREET ADDRESS **200 S. Orange Ave., Suite 2600**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Petrovich, Mike**
STREET ADDRESS **123 S. Calhoun St.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hull, Jon**
STREET ADDRESS **1211 Tech Blvd., Suite 200**
CITY-ST-ZIP **Tampa, FL 33619**

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:

Signature, typed or printed name of signing officer or director

Roger W. Sims

March 30, 2005

407-425-8500