# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# N01000001887

**Entity Name:** FLORIDA ASSOCIATION FOR WATER QUALITY CONTROL, INC.

**Current Principal Place of Business:**

200 S ORANGE AVE
2600
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1526
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number: 59-3755402** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SIMS, ROGER W
200 S ORANGE ST
SUITE 2600
ORLANDO, FL 32801 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | GORRIE, JASON | |
| Address: | 1715 N. WESTSHORE, SUITE 875 | |
| City-St-Zip: | TAMPA, FL 33607 | |
| Title: | S | ( ) Delete |
| Name: | BENHAM, KIM | |
| Address: | P.O. BOX 3958 | |
| City-St-Zip: | PLANT CITY, FL 33564 | |
| Title: | VP | ( ) Delete |
| Name: | DOUGHERTY, JANET | |
| Address: | PO BOX 1340 | |
| City-St-Zip: | RIVERVIEW, FL 33568 | |
| Title: | T | ( ) Delete |
| Name: | STEPHENS, MARK | |
| Address: | 2031 E. EDGEWOOD DRIVE, SUITE 5 | |
| City-St-Zip: | LAKELAND, FL 33803 | |
| Title: | D | ( ) Delete |
| Name: | KENNING, BETH | |
| Address: | 1211 TECH BLVD, SUITE 200 | |
| City-St-Zip: | TAMPA, FL 33619 | |
| Title: | D | ( ) Delete |
| Name: | ZAMANI, SAM | |
| Address: | PO BOX 942 | |
| City-St-Zip: | BRANDON, FL 33509 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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: MARK R. STEPHENS T 04/22/2009

Electronic Signature of Signing Officer or Director — Date