

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000513

FILED
Jan 20, 2009
Secretary of State

Entity Name: WATER ENHANCEMENT & RESTORATION COALITION, INC.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD., STE. 160
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD., STE. 160
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 01-0583932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREHAN, WALTER
125 S. GADSDEN ST., STE. 300
TALLAHASSEE, FL 32301 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: D () Delete
Name: PALMER, CARLA
Address: 6520 HIGHLAND PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: BARBER, RICK
Address: 7400 TAMiami TR. N. STE 200
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BAUER, MIKE
Address: 109 DEBRON DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BARRACO, CARL
Address: 2271 MCGREGOR BOULEVARD
City-St-Zip: FORT MYERS, FL 33901

Title: DTS () Delete
Name: ARNOLD, SHARON
Address: 1520 ROYAL PALM SQ BLVD., STE 160
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: FIKOSKI, KIM
Address: 9990 COCONUT RD STE 200
City-St-Zip: BONITA SPRINGS, FL 34135

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
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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: SHARON ARNOLD

DTS

01/20/2009

Electronic Signature of Signing Officer or Director

Date