# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N02000008371

**1. Entity Name**
WATERMAN MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1866 LOMA LINDA ST.<br>SARASOTA, FL 34239 | 1866 LOMA LINDA ST.<br>SARASOTA, FL 34239 |

## DO NOT WRITE IN THIS SPACE

01032005

| 4. FEI Number | Applied For |
|---|---|
| 51-0436279 | Not Applicable |

**5.** Certificate of Status Desired ☐ **$8.75**

### 6. Name and Address of Current Registered Agent

EDWIN L. FORD, P.A.
107 S OSPREY AVE
210
SARASOTA, FL 34236

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**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

| **Filing Fee is $61.25**<br>**Due by May 1, 2005** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** |
|---|---|---|

### 10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSD |
| NAME | WATERMAN, JERRY |
| STREET ADDRESS | 1866 LOMA LINDA ST. |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | VTD |
| NAME | BENSON, LARRY |
| STREET ADDRESS | 1866 LOMA LINDA ST. |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | D |
| NAME | MCCORMICK, JUDY |
| STREET ADDRESS | 9540 SOUTH MAYFIELD |
| CITY-ST-ZIP | OAK LAWN, IL 60453 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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: _Larry W. Benson_   Larry W. Benson VTD   Jan 3, 2005   (941) 365-7172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #