2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009401

1. Entity Name
WATER SYMPOSIUM OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1261 IMMOKALEE, FL 34143	P.O. BOX 1261 IMMOKALEE, FL 34143

04142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0349906
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMSEY, MICHAEL R
2449 SANDERS PINES CIRCLE
P.O. BOX 1261
IMMOKALEE, FL 34142

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000119094
04/19/04-80087-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RAMSEY, MICHAEL R
STREET ADDRESS	P.O. BOX 1261
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	P
NAME	TEARS, CLARENCE S JR
STREET ADDRESS	320 LAMBTON LANE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	S
NAME	HAINSWORTH, MELODY
STREET ADDRESS	2655 NORTHBROOKE DR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	BAUER, MICHAEL L
STREET ADDRESS	109 DEBRON DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	ELLIS, DAVID L
STREET ADDRESS	4779 ENTERPRISES AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	HAMEL, RON
STREET ADDRESS	P O BOX 1219
CITY-ST-ZIP	LA BELLE, FL 33975

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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: _____ Michael R. Ramsey 04.14.04 239.657.3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #