2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000005696

Entity Name: TOO FAR WATER AND NATURAL RESOURCE FOUNDATION, INC.

Current Principal Place of Business:

95 SOUTH PINE AVENUE
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1222
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 51-0479682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, MARCO
1215 S. OTTO POINT
INVERNESS, FL 34450 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: WILSON, MARCO
Address: 1215 S OTTO POINT
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: BRADY, PAT
Address: 1480 S HOMESTEAD POINT
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: BROOKS, DUANE
Address: 4057 N ROSCOE RD
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: DIAZ FONSECA, SOPHIA
Address: 920 TURNER CAMP ROAD
City-St-Zip: INVERNESS, FL 34453

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:

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: SOPHIA DIAZ-FONSECA D 04/29/2009

Electronic Signature of Signing Officer or Director — Date