

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006138

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: HILLSBOROUGH RIVER WATERSHED ALLIANCE, INC.

## Current Principal Place of Business:

3211 BANYAN HILL LANE  
LAND O LAKES, FL 34639

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 47987  
TAMPA, FL 33646

## New Mailing Address:

FEI Number: 20-0147812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKINSHAW, JOHN J  
3211 BANYAN HILL LANE  
LAND O LAKES, FL 34639 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/D ( ) Delete  
Name: EMERY, SCOTT  
Address: 3820 NORTHDAL E BOULEVARD, SUITE 210-B  
City-St-Zip: TAMPA, FL 33624

Title: VP/D ( ) Delete  
Name: KROH, STANLEY  
Address: 2881 BAYSHORE TRAILS DRIVE  
City-St-Zip: TAMPA, FL 33611

Title: S/D ( ) Delete  
Name: PELLEY, CINDY  
Address: 13097 NORTH TELECOM PARKWAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: T/D ( ) Delete  
Name: D'ABREAU, MARINA  
Address: 5339 SOUTH CR 579  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: MESSINA, MICHAEL  
Address: P.O. BOX DRAWER L  
City-St-Zip: PLANT CITY, FL 33564

Title: D ( ) Delete  
Name: SHERWOOD, EDWARD  
Address: 100 8TH AVENUE SE  
City-St-Zip: ST. PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EMERY, SCOTT  
Address: 3820 NORTHDAL E BOULEVARD, SUITE 210-B  
City-St-Zip: TAMPA, FL 33624

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

Title: D (X) Change ( ) Addition  
Name: O'NEIL, RAINA  
Address: P.O. BOX 2104  
City-St-Zip: TAMPA, FL 33601-210

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

Title: P/D (X) Change ( ) Addition  
Name: MESSINA, MICHAEL  
Address: P.O. BOX DRAWER L  
City-St-Zip: PLANT CITY, FL 33564

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: JOHN J. WALKINSHAW

ED

04/24/2009

Electronic Signature of Signing Officer or Director

Date