

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005689

FILED
May 04, 2009
Secretary of State

Entity Name: WATERLINE CHARITABLE FUND, INC.

Current Principal Place of Business:

200 VILLAGE SQUARE CROSSING, SUITE 102
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4521 PGA BLVD #422
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-2805715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING, SUITE 102
PALM BEACH GARDENS, FL 33410 US

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: CD () Delete
Name: STOTT, JOAN J
Address: 200 VILLAGE SQUARE CROSSING, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD () Delete
Name: HATFIELD, ELIZABETH A
Address: 200 VILLAGE SQUARE CROSSING, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: HONERBRINK, DANIEL C
Address: 200 VILLAGE SQUARE CROSSING, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: ELIZABETH HATFIELD

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date