

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008048

FILED
Aug 29, 2009
Secretary of State

Entity Name: GULFPORT WATER WATCH, INC

Current Principal Place of Business:

2790 45TH ST S
GULFPORT, FL 33707

New Principal Place of Business:

2790 45TH ST S
GULFPORT, FL 33711

Current Mailing Address:

2790 45TH ST S
GULFPORT, FL 33707

New Mailing Address:

2790 45TH ST S
GULFPORT, FL 337117

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

JUSTICE, LEAH
2915 SHARER RD APT. 417
TALLAHASSEE, FL 32312 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 () Delete
Name: DAVIS, ALFRED
Address: 2790 45TH ST S
City-St-Zip: GULFPORT, FL 33707

Title: V () Delete
Name: GOEBEL, CYNTHIA
Address: 2790 45TH ST S
City-St-Zip: GULFPORT, FL 33707

Title: ST () Delete
Name: NEWCOMB, ROBERT
Address: 921 FREMONT ST S
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, ALFRED
Address: 2790 45TH ST S
City-St-Zip: GULFPORT, FL 33711

Title: V (X) Change () Addition
Name: GOEBEL, CYNTHIA
Address: 2790 45TH ST S
City-St-Zip: GULFPORT, FL 33711

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: ALFRED J. DAVIS

P

08/29/2009

Electronic Signature of Signing Officer or Director

Date