2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009198

RIVERVIEW, FL 33578

City-St-Zip:

FILED Aug 28, 2009 Secretary of State

DOCUMENT# N08000009198			Secretary of State	
Entity Name: SOLDIER WATER FOUNDATION, INC.				
Current Principal Place of Business:		New Principal Place	of Business:	
	JMSDEN RD., #356 I, FL 335118820			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	JMSDEN RD., #356 I, FL 335118820			
	e with s. 607.193(2)(b), F.S., the corporation did not rec		Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US		MEADE, LINDA T DIR 1971 W. LUMSDEN R SUITE 356 BRANDON, FL 3351	RD	
The above in the State	named entity submits this statement for the purpo of Florida.	ose of changing its registere	d office or registered agent, or both,	
SIGNATURE: LINDA T. MEADE			08/28/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete WILSON, KEVIN 1971 W. LUMSDEN RD., #356 BRANDON, FL 335118820	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete SIRMANS, JOEY 1971 W. LUMSDEN RD., #356 BRANDON, FL 335118820	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () Delete MEADE, LINDA 11402 OAK DR.	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LINDA T. MEADE DIR 08/28/2009