

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001990

FILED
Jan 07, 2009
Secretary of State

Entity Name: GIFT OF WATER, INC.

Current Principal Place of Business:

721 NORTH DRIVE
UNIT C
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 361091
MELBOURNE, FL 32936 US

New Mailing Address:

FEI Number: 59-3318662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARWICK, THOMAS P
3845 PINE CONE RD.
MELBOURNE, FL 32934 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: WARWICK, THOMAS P
Address: 3845 PINE CONE RD.
City-St-Zip: MELBOURNE, FL 32934 US

Title: T () Delete
Name: WARWICK, BARBARA J
Address: 3845 PINE CONE RD.
City-St-Zip: MELBOURNE, FL 32934 US

Title: D () Delete
Name: DIEUDONNE, NATHAN REV.
Address: P.O. BOX 407139
City-St-Zip: FT. LAUDERDALE, FL 33340 US

Title: D () Delete
Name: LYTLE, ANASTASIA
Address: 1487 BEECHFERN DR.
City-St-Zip: MELBOURNE, FL 32935 US

Title: D () Delete
Name: STEWART, CPA, FRANCIS
Address: 6939 N. WICKMAN RD.
City-St-Zip: MELBOURNE, FL 32940 US

Title: D () Delete
Name: SMITH, FRANCIS X REV.
Address: 678 SCARLET OAK CIRCLE, #114
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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: THOMAS P WARWICK

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date