2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N96000006431

Entity Name: WATER RESCUE RESPONSE TEAM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

PO BOX 3381
BELLEVIEW, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3381
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 59-3426725 **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:

FRODL, WILLIAM R
1532 VOTAU RD
APOPKA, FL 32703 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: PD ( ) Delete
Name: FRODL, WILLIAM R
Address: 1532 VOTAW RD
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: FRODL, ARNOLD
Address: 1532 VOTAW RD
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: PLATTER, DAVID
Address: 577 CAUSEY RD
City-St-Zip: MOULTRIE, GA 31768

Title: D ( ) Delete
Name: KOPPLE, MARCIA
Address: 1786 KYLEMORE COURT
City-St-Zip: DAYTON, OH 45459

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM R. FRODL PD 05/01/2005

Electronic Signature of Signing Officer or Director — Date