

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006431

FILED  
Apr 21, 2007  
Secretary of State

**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:**

1234 ANYPLACE  
BELLEVIEW, FL 34471

**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 ( )**

**Name and Address of Current Registered Agent:**

FRODL, WILLIAM R  
1532 VOTAU RD  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

FRODL, WILLIAM R  
1532 VOTAW RD  
APOPKA, FL 32703 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:

04/21/2007

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 (X) Delete  
Name: DISMUKE, SUSAN  
Address: 5187 SE 17TH STREET  
City-St-Zip: OCAL, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: GARCIA, RYAN  
Address: 2497 SW 156 PLACE  
City-St-Zip: OCALA, FL 34473

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 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: WILLIAM FRODL

PD

04/21/2007

Electronic Signature of Signing Officer or Director

Date