

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000288

FILED
May 04, 2009
Secretary of State

Entity Name: E.R. REWIS WATER & SPIRIT OUTREACH, INC.

Current Principal Place of Business:

1195 CHOKOLOSKEE DR
CHOKOLOSKEE, FL 34138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 303
CHOKOLOSKEE, FL 34138

New Mailing Address:

FEI Number: 59-3552793 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

Name and Address of New Registered Agent:

PITKIN, JERALD R ESQ.
4947 TAMiami TR. N., STE. 202
NAPLES, FL 34103 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REWIS, EDDIE RAYMOND JR
Address: 1195 CHOKOLOSKEE DR. PO BOX 303
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D () Delete
Name: DANIELS, LOUIS STANFORD JR
Address: P.O. BOX 64 N/A
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EDDIE RAYMOND REWIS JR

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date