

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90095 030 ****61.25

DOCUMENT # N99000002703

1. Entity Name
CRY OF THE WATER, INC.



Principal Place of Business
**P.O. BOX 8143
CORAL SPRINGS, FL 33075**

Mailing Address
**P.O. BOX 8143
CORAL SPRINGS, FL 33075**



06072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLARK, DANIEL
10772 LA PLACIDA DR., #103
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CLARK, DANIEL
10772 LA PLACIDA DR., #103
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
PRAVATA-CLARK, STEPHANIE
10772 LA PLACIDA DR., #103
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SCIANNI, LEONARD F
5200 N. FEDERAL HWY, #2-1187
FT. LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-05

Date Daytime Phone #