

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90055 029 ****70.00

DOCUMENT # P32998

1. Entity Name
CLEAN WATER ACTION, INC.



Principal Place of Business
**4455 CONNECTICUT AVE, N.W.
SUITE A300
WASHINGTON, DC 20008**

Mailing Address
**P O BOX 188
MOUNT CLEMENS, MI 48046**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7128611

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANDIKITO, THERESE E
412 NW 72ND STREET
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME **ZWICK, DAVID**
STREET ADDRESS **4455 CONNECTICUT AVE, N.W., STE. A300**
CITY-ST-ZIP **WASHINGTON, DC 20008**

TITLE ☐ Change ☒ Addition
NAME **Pat Costner**
STREET ADDRESS **P.O. Box 548**
CITY-ST-ZIP **Eureka Springs, Arkansas 72632**

TITLE S ☐ Delete
NAME **ATERNO, KATHLEEN**
STREET ADDRESS **38875 HARPER AVENUE**
CITY-ST-ZIP **CLINTON TOWNSHIP, MI 48036**

TITLE C ☐ Change ☒ Addition
NAME **David Tykulske**
STREET ADDRESS **161 Walnut Street**
CITY-ST-ZIP **Montclair, NJ 07042**

TITLE ☒ D ☐ Delete
NAME **FONTENOT, WILLIAM**
STREET ADDRESS **632 DREHR**
CITY-ST-ZIP **BATON ROUGE, LA 70806**

TITLE ☐ Change ☒ Addition
NAME **Maxine Lipeles**
STREET ADDRESS **Washington University Campus Box 1120**
CITY-ST-ZIP **St. Louis, MO 63130**

TITLE ☒ D ☐ Delete
NAME **MURRITT, GRANT**
STREET ADDRESS **6160 SUMMITT DRIVE**
CITY-ST-ZIP **MINNEAPOLIS, MN 55430**

TITLE ☐ Change ☒ Addition
NAME **Fran Spivy-Weber**
STREET ADDRESS **1200 Catlina Ave. #406**
CITY-ST-ZIP **Redondo Beach, CA 90277**

TITLE T ☐ Delete
NAME **LOCKWOOD, PETER**
STREET ADDRESS **ONE THOMAS CIRCLE, N.W.**
CITY-ST-ZIP **WASHINGTON, DC 20005**

TITLE ☐ Change ☒ Addition
NAME **Michael Gravitz**
STREET ADDRESS **4302 Curtis Road**
CITY-ST-ZIP **Chevy Chase, MD 20815**

TITLE D ☐ Delete
NAME **REDDING, BILL**
STREET ADDRESS **214 N HENRY STUIE 203**
CITY-ST-ZIP **MADISON, WI 53703**

TITLE ☐ Change ☒ Addition
NAME **Brent Baeslack**
STREET ADDRESS **20 Montvale Street**
CITY-ST-ZIP **Bradford, MA 01835**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


[Handwritten Signature] 19-05 (586) 723-3277

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ATTACHMENT

Page 2

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 23-7128611	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCANDIKITO, THERESE E 412 NW 72ND STREET BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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Make check payable to Florida Department of State					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWICK, DAVID 4455 CONNECTICUT AVE, N.W., STE. A300 WASHINGTON, DC 20008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myrna Poticha 5405 S. Niagara Court Greenwood Village, CO 80111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATERNO, KATHLEEN 38875 HARPER AVENUE CLINTON TOWNSHIP, MI 48036		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FONTENOT, WILLIAM 632 DREHR BATON ROUGE, LA 70806		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRITT, GRANT 6160 SUMMITT DRIVE MINNEAPOLIS, MN 55430		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKWOOD, PETER ONE THOMAS CIRCLE, N.W. WASHINGTON, DC 20005		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDING, BILL 214 N HENRY STUIE 203 MADISON, WI 53703		TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05