

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2005 90055 028 ****70.00

DOCUMENT # P40069

1. Entity Name
CLEAN WATER FUND, INC.



Principal Place of Business
**4455 CONNECTICUT AVENUE N.W.
SUITE 300-A
WASHINGTON, DC 20008-2328**

Mailing Address
**PO BOX 188
MT CLEMONS, MI 48046**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
52-1043444

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCANDIRITO, THRESE
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

TITLE **VD** ☒ Delete
NAME **ZWICK, DAVID**
STREET ADDRESS **4455 CONNECTICUT AVENUE, NW**
CITY-ST-ZIP **WASHINGTON, DC 20008**

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

TITLE **D** ☐ Delete
NAME **SO, ANTHONY**
STREET ADDRESS **420 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK, NY 100182702**

TITLE **PD** ☐ Delete
NAME **LOCKWOOD, PETER**
STREET ADDRESS **ONE THOMAS CIRCLE, NW**
CITY-ST-ZIP **WASHINGTON, DC**

TITLE **D** ☐ Delete
NAME **HOPPIN, POLLY**
STREET ADDRESS **9 WARREN SQUARE**
CITY-ST-ZIP **JAMAICA PLAIN, MA 02130**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Marni Rosen**
STREET ADDRESS **Jennifer Altman Fdn Presidio Bldg 1014, 1st Floor**
CITY-ST-ZIP **San Francisco, CA 94129**

TITLE **AKabli, Dianne** ☒ Change ☐ Addition
NAME **AKabli, Dianne**
STREET ADDRESS **38875 Harper Ave.**
CITY-ST-ZIP **Clinton Township MI 48036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dianne AKabli* *Dianne AKabli - Corp Sec 3/22/05* *586 783-3277*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #