I hereby 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 all other like empowered.

SIGNATURE: GRETCHEN QUARTERMAN

Electronic Signature of Signing Officer/Director Detail

litie	I
Name	QUARTERMAN, GRETCHEN
Address	PO BOX 88

City-State-Zip: HAHIRA GA 31632

TALLAHASSEE, FL 32301 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.

SUITE A

BOONE, LEIGHANNE 207 WEST PARK AVE

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	SECRETARY
Name	QUARTERMAN, JOHN S	Name	HETZEL, DAVE
Address	3338 COUNTRY CLUB RD #L336	Address	PO BOX 88
City-State-Zip:	VALDOSTA GA 31605	City-State-Zip:	HAHIRA GA 31632
Title	Т		
Name	QUARTERMAN, GRETCHEN		
Address	PO BOX 88		
City-State-Zip:	HAHIRA GA 31632		

Certificate of Status Desired: No

FILED Mar 02, 2017 Secretary of State CC3313255893

03/02/2017 Date

Date

TREASURER

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003974

Entity Name: WWALS WATERSHED COALITION, INC

Name and Address of Current Registered Agent:

Current Principal Place of Business:

3338 COUNTRY CLUB RD #L336 VALDOSTA GA 31605

Current Mailing Address:

PO BOX 88 HAHIRA, GA 31632 US

FEI Number: 46-2656118