

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

05-04-2005 90213 001 ****61.25
 05-04-2005 90213 002 ****8.75

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007836

1. Entry Name
OLDE EAU GALLIE RIVERFRONT, INC.



Principal Place of Business Mailing Address

PO BOX 360564 ~~4496 HIGHLAND AVE~~ P.O. Box 360564
MELBOURNE, FL 32936 05 MELBOURNE, FL: ~~32936~~ 32936 05

DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3749868 Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, BRENDA
220 GRANT AVE.
SATELLITE BEACH, FL 32937

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8. The above named entry 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 date if applicable Registered Agent signature required when re-registering DATE

Filing Fee is \$81.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ALEXANDER, GEORGE
STREET ADDRESS	1496 ALBERT DR.
CITY- ST- ZIP	MELBOURNE, FL 32936
TITLE	VD
NAME	CHARLES SMITH CHARLES SMITH
STREET ADDRESS	104 BARTON AVE. 1467 GUANA AVE
CITY- ST- ZIP	MELBOURNE, FL 32935 MELBOURNE, FL 32935
TITLE	SD
NAME	APELGREN, SCOTT
STREET ADDRESS	1428 HIGHLAND
CITY- ST- ZIP	MELBOURNE, FL 32735
TITLE	TD
NAME	HESTER, RICHARD
STREET ADDRESS	1101 S ORLANDO AVE
CITY- ST- ZIP	COCCA BEACH, FL 32931
TITLE	SD
NAME	DONDVAN, DEON
STREET ADDRESS	304 BEVERLY CT
CITY- ST- ZIP	MELBOURNE BEACH, FL 32851
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 file empowered.

SIGNATURE: Richard Hester (TREASURER - ACTING) 4-27-05 321-799-9342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #