

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007836

FILED
Aug 06, 2007
Secretary of State

Entity Name: OLDE EAU GALLIE RIVERFRONT, INC.

Current Principal Place of Business:

PO BOX 360564
MELBOURNE, FL 32936

New Principal Place of Business:

1496 ALBERT DR.
MELBOURNE, FL 32935

Current Mailing Address:

P.O. BOX 360564
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 59-3749868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALEXANDER, GEORGE
Address: 1496 ALBERT DR.
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: SMITH, CHARLES
Address: 1467 GUAVA AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: APELGREN, SCOTT
Address: 1428 HIGHLAND
City-St-Zip: MELBOURNE, FL 32735

Title: TD () Delete
Name: HESTER, RICHARD
Address: 1101 S ORLANDO AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: DONDVAN, DEON
Address: 304 BEVERLY CT
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD HESTER

TREA

08/06/2007

Electronic Signature of Signing Officer or Director

_____ Date