


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90158 018 ****61.25

DOCUMENT # N02000000680
 1. Entity Name
ALLIANCE TO PROTECT WATER RESOURCES, INC.



Principal Place of Business Mailing Address
8141 LAKESIDE DR. PO BOX 120596 120703
YALAHA FL 34797 CLERMONT FL 34712-0596 0703



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **01-0589506**
 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
SMALLWOOD, GEORGE L
8141 LAKESIDE DR.
YALAHA FL 34797

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input type="checkbox"/> Delete
NAME	MEADOWS, GUY	
STREET ADDRESS	127 MON VISTA RD	
CITY-ST-ZIP	CLERMONT FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLERTON, NANCY H	
STREET ADDRESS	368 W MONTROSED ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKTON, LOUISE	
STREET ADDRESS	478 LAKE SHORE DRW	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMALLWOOD, GEORGE	
STREET ADDRESS	8141 LAKESIDE DRIVE	
CITY-ST-ZIP	YALAHA FL 34797	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GODTS, TERRY	
STREET ADDRESS	6043 LAKE ERIE DR	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEADOWS, MINDY	
STREET ADDRESS	12712 MONTEVISTA RD	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: *George L. Smallwood* **GEORGE L. SMALLWOOD** 3/29/06 (352)324-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #