


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90042 012 \*\*\*\*61.25

<b>DOCUMENT # N02000000680</b>	
1. Entity Name <b>ALLIANCE TO PROTECT WATER RESOURCES, INC.</b>	

Principal Place of Business <b>8141 LAKESIDE DR. YALAHA, FL 34797</b>	Mailing Address <b>PO BOX 120703 CLERMONT, FL 34712-0703</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. BOX 120444</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CLERMONT, FLORIDA</b>	4. FEI Number <b>01-0589506</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34712-0444</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



02202008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>SMALLWOOD, GEORGE L 8141 LAKESIDE DR. YALAHA, FL 34797</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALLWOOD, JACQUELINE A			NAME			
STREET ADDRESS	8141 LAKE SIDE DR.			STREET ADDRESS			
CITY-ST-ZIP	YALAHA, FL 34797			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLERTON, NANCY H			NAME			
STREET ADDRESS	368 W MONTROSED ST			STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKTON, LOUIS			NAME			
STREET ADDRESS	478 LAKE SHORE DRW			STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALLWOOD, GEORGE			NAME			
STREET ADDRESS	8141 LAKESIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	YALAHA, FL 34797			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODTS, TERRY			NAME			
STREET ADDRESS	6043 LAKE ERIE DR			STREET ADDRESS			
CITY-ST-ZIP	GROVELAND, FL 34736			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MEADOWS, MINDY			NAME	JOHN A. HARRIS		
STREET ADDRESS	12712 MONTEVISTA RD			STREET ADDRESS	2705 CAUTER-JONES ROAD		
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	GROVELAND, FLORIDA 34736		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *George L. Smallwood* **FEB 20, 2008** **(352)324-1151**

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