SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $196 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 AM 9:35

DOCUMENT # N44046 (3)

1. Corporation Name
CITIZENS FOR WATER, INC.

Principal Place of Business	Mailing Address
808 PARK AVENUE DELEON SPRINGS FL 32130	808 PARK AVENUE DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3085526 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHULER, RICHARD W.
808 PARK AVENUE
DELEON SPRINGS FL 32130

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Richard W. Schuler, Richard W. Schuler, President 6/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☐ Change ☐ Addition	
NAME	SCHULER, RICHARD W.	12 NAME		
STREET ADDRESS	808 PARK AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	☐ Change ☐ Addition	
NAME	SCHULER, JEANE G.	22 NAME		
STREET ADDRESS	808 PARK AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	☐ Change ☐ Addition	
NAME	LAYTON, ELIZABETH	32 NAME		
STREET ADDRESS	2 SYLVIN ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	☐ Change ☐ Addition	
NAME	HUNTER, CHRIS	42 NAME		
STREET ADDRESS	4799 HARMONEYWOODER TRAIL	43 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL	44 CITY-ST-ZIP		
TITLE	~~SD~~	51 TITLE	☒ Change ☐ Addition	
NAME	~~TALBOT, MARILYN~~ Delete	52 NAME		
STREET ADDRESS	~~840 W PLYMOUTH~~ AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	~~DELAND FL~~	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	☐ Change ☐ Addition	
NAME	BRITTENHAM, KEITH	62 NAME		
STREET ADDRESS	4160 LAKE VIEW COURT	63 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard W. Schuler 6/14/95 904-985-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017923