

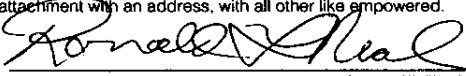


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90051 015 \*\*\*\*61.25

<b>DOCUMENT # 708877</b> 1. Entity Name <b>7 RIVERS GOLF &amp; COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>7395 W. PINEBROOK STREET</b> <b>P.O. BOX 1146</b> <b>CRYSTAL RIVER, FL 34423 US</b>				Mailing Address <b>7395 W. PINEBROOK STREET</b> <b>P.O. BOX 1146</b> <b>CRYSTAL RIVER, FL 34423 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1146</b> Suite, Apt. #, etc.			
City & State <b>CRYSTAL RIVER, FL</b>		City & State <b>CRYSTAL RIVER, FL</b>		4. FEI Number <b>79-1195833</b>	
Zip <b>34429</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEAL, RON</b> <b>211 N MCGOWAN AVE</b> <b>CRYSTAL RIVER, FL 34429</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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</b> <b>Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEAL, ROBERT 211 N MCGOWAN CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUMMINGS, LANGDON 86 CYPRESS BLVD W HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLIS-POORE, JOAN 6215 W GLYN BORNE LOOP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, EDWARD 604 POMPO AVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHOON, JANE 785 E GILCHRIST CT. DUNNELLON, FL 34442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEM, PATRICIA 7889 W DROVER ST HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALLIS-POORE, JOAN 6215 W GLYN BORNE LOOP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOTTINI, FRANK 6120 N. NAKOMA TR. BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLSON, Larry 15 Deerwood Dr. HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/30/07</b>				Daytime Phone # <b>352-795-6665</b> <b>office</b>	