

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718623

FILED
Mar 21, 2007
Secretary of State

Entity Name: DEFENDERS OF CROOKED LAKE, INC.

Current Principal Place of Business:

1430 NORTH CROOKED LAKE DR
BABSON PARK, FL 33827

New Principal Place of Business:

1430 NORTH CROOKED LAKE DR
BABSON PARK, FL 33827

Current Mailing Address:

PO BOX 191
BABSON PARK, FL 33827 US

New Mailing Address:

FEI Number: 59-2522730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOTMAN, TOM
1430 NORTH CROOKED LAKE DR
BABSON PARK, FL 33827 US

Name and Address of New Registered Agent:

SCHOTMAN, TOM
1430 NORTH CROOKED LAKE DR
BABSON PARK, FL 33827 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:

03/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MCKEEMAN, PATTY
Address: 211 CATHERINE AVE
City-St-Zip: BABSON PARK, FL

Title: PD () Delete
Name: SCHOTMAN, TOM
Address: 1430 NORTH CROOKED LAKE DR.
City-St-Zip: BABSON PARK, FL 33827

Title: TD () Delete
Name: WOODWARD, JANIS E
Address: 1377 HOLLISTER ROAD
City-St-Zip: BABSON PARK, FL 33827

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS SCHOTMAN

PD

03/21/2007

Electronic Signature of Signing Officer or Director

Date