**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740468** **(4)**

1. Corporation Name
**CRYSTAL LAKE ENVIRONMENTAL ORGANIZATION, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 164<br>KEYSTONE HEIGHTS FL 32656 | PO BOX 164<br>KEYSTONE HEIGHTS FL 32656 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1977
3a. Date of Last Report: 04/20/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** 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 ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

AIKEN, PAULINE
6958 CRYSTAL LAKE RD
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Pauline Aiken, Treasurer — April 20, 1995
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 | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | ~~LEUKEL, JEFF~~ | 1.2 NAME | CANADY, LEON B. | |
| STREET ADDRESS | ~~8708 CRYSTALL LAKE RD~~ | 1.3 STREET ADDRESS | RT3, Box 984 | |
| CITY-ST-ZIP | ~~STARKE FL~~ | 1.4 CITY-ST-ZIP | STARKE FL 32091 | |
| TITLE | VPD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNSON, CARL | 2.2 NAME | | |
| STREET ADDRESS | RT 3, BOX 977 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STARKE, FL 00000 | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AIKEN, PAULINE | 3.2 NAME | | |
| STREET ADDRESS | 6958 CRYSTAL LAKE RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STARKE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | 4.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | ~~VAN GIESSEN, JOYCE~~ | 4.2 NAME | RUSSELL, JENESE | |
| STREET ADDRESS | ~~6710 CRYSTAL LAKE RD~~ | 4.3 STREET ADDRESS | 6718 CRYSTAL LAKE ROAD | |
| CITY-ST-ZIP | ~~STARKE FL~~ | 4.4 CITY-ST-ZIP | STARKE FL 32091 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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:** Pauline Aiken — April 20, 1995 — (904) 473-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAULINE AIKEN