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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90004 048 \*\*\*\*61.25

001285

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 740468**

1. Corporation Name

**CRYSTAL LAKE ENVIRONMENTAL ORGANIZATION, INC**

Principal Place of Business  
**PO BOX 164  
KEYSTONE HEIGHTS FL 32656**

Mailing Address  
**PO BOX 164  
KEYSTONE HEIGHTS FL 32656**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**10/18/1977**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AIKEN, PAULINE  
6958 CRYSTAL LAKE RD  
STARKE FL 32091~~

**Shirley Canady  
Rt 3 Box 980  
Starke, FL 32091**

81 Name **CANADY SHIRLEY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**RT 3 Box 980**

83 **7155 S.E 2nd Place**

84 City **STARKE** FL 85 Zip Code **32091**

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 **Shirley W. Canady**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**11/27/99**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **CANADY, LEON B**  
STREET ADDRESS **ROUTE 3, BOX 984**  
CITY-ST-ZIP **STARKE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Jones, Brooks F**  
1.3 STREET ADDRESS **6906 Crystal Lake Rd.**  
1.4 CITY-ST-ZIP **Starke, FL 32091**

TITLE **VPD** ☒ DELETE  
NAME **JOHNSON, CARL**  
STREET ADDRESS **RT 3, BOX 977**  
CITY-ST-ZIP **STARKE, FL 00000**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **Olsson, Kris**  
2.3 STREET ADDRESS **6926 Crystal Lake Rd.**  
2.4 CITY-ST-ZIP **Starke, FL 32091**

TITLE **TD** ☒ DELETE  
NAME **AIKEN, PAULINE**  
STREET ADDRESS **6958 CRYSTAL LAKE RD**  
CITY-ST-ZIP **STARKE FL**

3.1 TITLE **TD** ☒ Change ☐ Addition  
3.2 NAME **Canady, Shirley**  
3.3 STREET ADDRESS **Rt 3 Box 980**  
3.4 CITY-ST-ZIP **Starke, FL 32091**

TITLE **SD** ☒ DELETE  
NAME **JENESE, RUSSELL**  
STREET ADDRESS **6712 CRYSTAL LAKE ROAD**  
CITY-ST-ZIP **STARKE FL**

4.1 TITLE **SD** ☒ Change ☐ Addition  
4.2 NAME **Johnson, Madeline**  
4.3 STREET ADDRESS **6552 Crystal Lake Rd.**  
4.4 CITY-ST-ZIP **Starke, FL 32091**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

**Shirley W. Canady**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/99**  
Date

**(352) 473-2848**  
Daytime Phone #

CR2E037 (11/98)