


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90274 035 ****61.25

DOCUMENT # 763746 1. Entity Name CRYSTAL RIVER SEARCH AND RESCUE INC.					
Principal Place of Business P.O. BOX 2922 CRYSTAL RIVER, FL 32623-9922			Mailing Address P.O. BOX 2922 CRYSTAL RIVER, FL 32623-9922		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2246276	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOENIGHAUSEN, ROSEMARY 3455 S. ALABAMA AVE. HOMOSASSA, FL 34448				7. Name and Address of New Registered Agent Name RICHARD CULP Street Address (P.O. Box Number is Not Acceptable) 15 GLOXINIAS COURT 1 City HOMOSASSA FL 34446	
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 <u><i>Richard B. Culp</i></u> FC-15-01 <u><i>20 April 2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARVEY, MORRIS 8055 N Dacca TERR DUNNELLON, FL 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIJOUF, JAMES A 2000 N.W. 19TH ST CRYSTAL RIVER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVID PLANT 886 N. LAFAYETTE WAY INVERNESS, FL 34453	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIGHAUSEN, ROSEMARY 3455 S. ALABAMA AVE. HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD CULP 15 GLOXINIAS COURT HOMOSASSA, FL 34446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.					
SIGNATURE: <u><i>MORRIS HARVEY Morris E. Harvey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u><i>352-564-0267</i></u> <small>Daytime Phone #</small>	