

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

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**



04082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2246276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANZ, TOM
876 N BENNINGTON TERR
INVERNESS, FL 34453**

**DO NOT WRITE
IN THIS SPACE**

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 Thomas P Franz THOMAS P FRANZ 4/13/2007
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARVEY, MORRIS 8055 N DACCA TERR DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLANT, DAVID 886 N LAFAYETTE WAY INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANZ, TOM 876 N BENNINGTON TERR INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000715404
04/27/07-80061-024 61.25

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IN THIS SPACE**

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.

SIGNATURE: Morris E. Harvey MORRIS E. HARVEY 4/15/2007 352-564-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CK#1608