

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000001 384</b> 1. Entity Name <b>FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.</b>					
Principal Place of Business 3400 N. MUSEUM POINTE CYRSTAL RIVER, FL 34428		Mailing Address 3400 N. MUSEUM POINTE CYRSTAL RIVER, FL 34428			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-3638371</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>				01262007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>KOSTELNICK, JOHN MICHAEL</b> <b>2021 NW 13TH ST</b> <b>CYRSTAL RIVER, FL 34428</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.28</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RUSSELL-MILFORD, KRISTEN 2915 W. AXELWOOD DRIVE BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Auermann, Rolf 5150 S. Stetson Point Dr Homosassa, FL 34448	<input type="checkbox"/> xChange <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD AUERMANN, ROLF 5150 S STETSON POINT DRIVE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD Samuda, Dermot 1530 N.W. 19th Avenue Crystal River, FL 34428	<input type="checkbox"/> xChange <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GARY, ELLIS 5990 N TALLAHASSEE RD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KOSTELNICK, JOHN M 2021 NW 13TH ST CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD TURNER-THOMPSON, KATHY 12160 WATERWOOD DRIVE CRYSTAL RIVER, FL 34426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD Kostelnick, Gail 2021 N.W. 13th Street Crystal River, FL 34428	<input type="checkbox"/> xChange <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMITH, KATHY 3400 N MUSEUM POINTE CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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.					
<b>SIGNATURE: Rolf Auermann</b>			<b>Jan. 25, 2007 (352) 628-2234</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

### **Additional Officers & Directors**

<b>TD</b>	<b>Samuda, Ruth</b>	<b>1530 N.W. 19<sup>th</sup> Ave, Crystal River, FL 34428</b>
<b>D</b>	<b>Beeler, Jeff</b>	<b>3940 N. Apalachee Point, Crystal River, FL 34428</b>
<b>D</b>	<b>Hollis, Iris</b>	<b>1920 N. W. 19<sup>th</sup> Street, Crystal River, FL 34428</b>
<b>D</b>	<b>Price, Chuck</b>	<b>343 N. Hourglass Terrace, Crystal River, FL 34429</b>
<b>D</b>	<b>Thompson-Turner, Katherine</b>	<b>12160 W. Waterwood Dr, Crystal River, FL 34429</b>
<b>D</b>	<b>White, Ouida</b>	<b>1215 S. Otto Point, Crystal River, FL 34428</b>



# Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 6, 2007

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Friends of The Crystal River State Parks, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/edc

Attachments