

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90171 039 \*\*\*\*61.25



**DOCUMENT # N02000000680**  
 1. Entity Name  
**ALLIANCE TO PROTECT WATER RESOURCES, INC.**

Principal Place of Business  
**8141 LAKESIDE DR.  
 YALAHA FL 34797**

Mailing Address  
**PO BOX 120596  
 CLERMONT FL 34712-0596**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State  
 Zip Country

4. FEI Number  
**01-0589506**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMALLWOOD, GEORGE L  
 8141 LAKESIDE DR.  
 YALAHA FL 34797**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 *George Smallwood* DATE *APRIL 20, 2005*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, MARSHA	
STREET ADDRESS	11303 SR 33	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLERTON, NANCY H	
STREET ADDRESS	368 W. MONTROSE STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LAMAR, ELANA	
STREET ADDRESS	7645 LAKE NELLIE RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMALLWOOD, GEORGE	
STREET ADDRESS	8141 LAKESIDE DRIVE	
CITY-ST-ZIP	YALAHA FL 34797	
TITLE	D, P	<input checked="" type="checkbox"/> Delete
NAME	GODTS, TERRY	
STREET ADDRESS	6043 LAKE ERIE RD.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEADOWS, MINDY	
STREET ADDRESS	12712 MONTEVISTA RD	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY MEADOWS	
STREET ADDRESS	127 MONTEVISTA ROAD	
CITY-ST-ZIP	CLERMONT, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST ABNEY	
STREET ADDRESS	9350 HICKORY NUT DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE STOLKTON	
STREET ADDRESS	478 LAKE SHORE DR W	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY GODTS	
STREET ADDRESS	6043 LAKE ERIE DRIVE	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George Smallwood* DATE: *APRIL 20 2005 (352) 324-1151*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #