
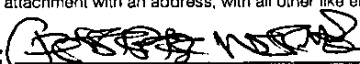


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90099 018 \*\*\*\*61.25

<b>DOCUMENT # N02000001243</b> 1. Entity Name <b>WOODVILLE KARST PLAIN PROJECT, INC.</b>					
Principal Place of Business <b>PO BOX 3031 TALLAHASSEE, FL 32315</b>			Mailing Address <b>PO BOX 3031 TALLAHASSEE, FL 32315</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WERNER, CHRISTOPHER 12053 CEDAR BLUFF TALLAHASSEE, FL 32312</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CPD <input type="checkbox"/> Delete		TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRVINE, GEORGE		NAME	IRVINE, GEORGE	
STREET ADDRESS	318 INDIAN TRACE RD PMB 513		STREET ADDRESS	924 LAVENDER CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		CITY-ST-ZIP	WESTON, FL 33327	
TITLE	MVTD <input type="checkbox"/> Delete		TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERNER, CHRISTOPHER		NAME	WERNER, CHRISTOPHER	
STREET ADDRESS	12053 CEDAR BLUFF		STREET ADDRESS	12053 CEDAR BLUFF	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNSUCKER, SCOTT		NAME		
STREET ADDRESS	804 ROMAR DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32534		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINLEY, CASEY		NAME	MCKINLEY, CASEY	
STREET ADDRESS	14309 SEMINOLE TRL		STREET ADDRESS	615 SW 80TH DRIVE	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JABLONSKI, JARROD		NAME		
STREET ADDRESS	7607 NW 29TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	KORTZ, TERENCE	
STREET ADDRESS			STREET ADDRESS	8262 ASHWORTH COURT	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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.					
<b>SIGNATURE:</b> 			<b>CHRISTOPHER WERNER</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>30-MAR-05</b>		
			<small>Daytime Phone #</small> <b>850-363-1458</b>		

**50033883**



04012005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3729292** Applied For ☐ Not Applicable ☒

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