

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 22, 2009  
Secretary of State**

DOCUMENT# N02000001243

Entity Name: WOODVILLE KARST PLAIN PROJECT, INC.

**Current Principal Place of Business:**

615 SW 80 DRIVE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

615 SW 80 DRIVE  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-3729292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WERNER, CHRISTOPHER  
615 SW 80 DRIVE  
GAINESVILLE, FL 32607      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: IRVINE, GEORGE  
Address: 1040 NAUTICA DRIVE  
City-St-Zip: WESTON, FL 33327

Title: VTD      ( ) Delete  
Name: WERNER, CHRISTOPHER  
Address: 3354 ROGERDALE ROAD #125  
City-St-Zip: HOUSTON, TX 77042

Title: SD      ( ) Delete  
Name: KORITZ, TERENCE  
Address: 8262 ASHWORTH COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PCD      ( ) Delete  
Name: MCKINLEY, CASEY  
Address: 615 SW 80TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D      ( ) Delete  
Name: JABLONSKI, JARROD  
Address: 7607 NW 29TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER WERNER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VTD

02/22/2009

\_\_\_\_\_  
Date