2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002248

1. Entity Name
BLACKWATER RIVER FOUNDATION, INC.

Principal Place of Business	Mailing Address
4620 FORSYTH STREET BAGDAD, FL 32530	P. O. BOX 495 BAGDAD, FL 32530

04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3699686
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D'ASARO, CHARLES N
4620 FORSYTH STREET
BAGDAD, FL 32530

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000125633
04/23/04-80001-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	D'ASARO, CHARLES N
STREET ADDRESS	4620 FORSYTH STREET
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	PD
NAME	D'ASARO, CHARLES N
STREET ADDRESS	4620 FORSYTH STREET
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	VD
NAME	THETFORD, MACK
STREET ADDRESS	5309 CONECUH STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	SD
NAME	WALSH, CHRISTINE M
STREET ADDRESS	6872 HENDERSON DRIVE
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	TD
NAME	REESE, WALTER H
STREET ADDRESS	7772 LAKESIDE DRIVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	CREEL, SUSAN
STREET ADDRESS	7017 DORR FENCE STREET
CITY-ST-ZIP	BAGDAD, FL 32530

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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: Charles N. D'Asaro April 16, 04 (850)623-8493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #