2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N02000002248

Entity Name: BLACKWATER RIVER FOUNDATION, INC.

Current Principal Place of Business:

4620 FORSYTH STREET
BAGDAD, FL 32530

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 495
BAGDAD, FL 32530

New Mailing Address:

FEI Number: 04-3699686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ASARO, CHARLES N
4620 FORSYTH STREET
BAGDAD, FL 32530 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:	P	( ) Delete
Name:	D'ASARO, CHARLES N	
Address:	4620 FORSYTH STREET	
City-St-Zip:	BAGDAD, FL 32530	
Title:	PD	( ) Delete
Name:	D'ASARO, CHARLES N	
Address:	4620 FORSYTH STREET	
City-St-Zip:	BAGDAD, FL 32530	
Title:	VD	( ) Delete
Name:	THETFORD, MACK	
Address:	5309 CONECUH STREET	
City-St-Zip:	MILTON, FL 32570	
Title:	SD	( ) Delete
Name:	WALSH, CHRISTINE M	
Address:	6872 HENDERSON DRIVE	
City-St-Zip:	BAGDAD, FL 32530	
Title:	TD	( ) Delete
Name:	REESE, WALTER H	
Address:	7772 LAKESIDE DRIVE	
City-St-Zip:	MILTON, FL 32583	
Title:	D	( ) Delete
Name:	CREEL, SUSAN	
Address:	7017 DORR FENCE STREET	
City-St-Zip:	BAGDAD, FL 32530	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES N. D'ASARO P 04/19/2005

Electronic Signature of Signing Officer or Director — Date