

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002248

FILED
Feb 21, 2007
Secretary of State

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 CONEY 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 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: CHARLES N. D'ASARO

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date