2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90051 050 ****61.25

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

01222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4966 Henry Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL	City & State
Zip: 32570 Country: Santa Rosa	Zip Country

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	7. Name and Address of New Registered Agent
D'ASARO, CHARLES N 4620 FORSYTH STREET BAGDAD, FL 32530	Name: Mack Thetford Street Address (P.O. Box Number is Not Acceptable): 5329 Conecuh Street City: Milton **FL** Zip Code: 32570

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: Mack Thetford — 22 January 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D'ASARO, CHARLES N 4620 FORSYTH STREET BAGDAD, FL 32530	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D'ASARO, CHARLES N 4620 FORSYTH STREET BAGDAD, FL 32530	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THETFORD, MACK 5309 CONECUH STREET MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALSH, CHRISTINE M 6872 HENDERSON DRIVE BAGDAD, FL 32530	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REESE, WALTER H 7772 LAKESIDE DRIVE MILTON, FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREEL, SUSAN 7017 DORR FENCE STREET BAGDAD, FL 32530	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mack Thetford — 22 January 2008 — 850-983-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #