


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007951 1. Entity Name CASSADAGA-LAKE HELEN WATER FESTIVAL, INC.	
---	---

Principal Place of Business PO BOX 248 CASSADAGA, FL 32706	Mailing Address PO BOX 248 CASSADAGA, FL 32706
--	--

DO NOT WRITE IN THIS SPACE



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-4219383	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STILLER, KATHLEEN
1160 MARION STREET
CASSADAGA, FL 32706

DO NOT WRITE IN THIS SPACE

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 _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000145593 05/03/04-88832-014 70.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STILLER, KATHLEEN PO BOX 115 CASSADAGA, FL 32706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHUTTLEWORTH, MARK 340 NEW YORK AVENUE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RESNIK, SUSAN PO BOX 146 CASSADAGA, FL 32706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/04 Daytime Phone #: 386-228-2591