

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 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**



03062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4219383

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STILLER, KATHLEEN
1160 MARION STREET
CASSADAGA, FL 32706**

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
LEVINGS, WENDIE
1011 MASSACHUSETT AVE
LAKE HELEN, FL 32744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000667830
03/27/07-80006-003 61.25

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:

Kathleen Stiller (KATHLEEN Stiller) 3/11/07 386-960-6278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #