

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007951

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** CASSADAGA-LAKE HELEN WATER FESTIVAL, INC.

**Current Principal Place of Business:**

PO BOX 248  
CASSADAGA, FL 32706

**New Principal Place of Business:**

1161 STEVENS ST  
CASSADAGA, FL 32706

**Current Mailing Address:**

PO BOX 248  
CASSADAGA, FL 32706

**New Mailing Address:**

**FEI Number:** 13-4219383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STILLER, KATHLEEN  
1160 MARION STREET  
CASSADAGA, FL 32706 US

**Name and Address of New Registered Agent:**

STILLER, KATHLEEN  
1161 STEVENS ST  
CASSADAGA, FL 32706 US

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: \_\_\_\_\_

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: STILLER, KATHLEEN  
Address: PO BOX 115  
City-St-Zip: CASSADAGA, FL 32706

Title: DV ( ) Delete  
Name: SHUTTLEWORTH, MARK  
Address: 340 NEW YORK AVENUE  
City-St-Zip: LAKE HELEN, FL 32744

Title: DS ( ) Delete  
Name: LEVINGS, WENDIE  
Address: 1011 MASSACHUSETT AVE  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: STILLER, KATHLEEN  
Address: 1161 STEVENS ST  
City-St-Zip: CASSADAGA, FL 32706

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 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: KATHLEEN STILLER

DPT

04/28/2009

Electronic Signature of Signing Officer or Director

Date