

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000006475

1. Entity Name  
CRYSTAL RIVER SPECIAL EVENTS FOUNDATION, INC.



Principal Place of Business  
521 SE FT ISLAND TRAIL STE A  
CRYSTAL RIVER, FL 34429

Mailing Address  
521 SE FT ISLAND TRAIL STE A  
CRYSTAL RIVER, FL 34429



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2023483

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CLARDY III, JOHN S  
521 SE FT ISLAND TRAIL STE A  
CRYSTAL RIVER, FL 34429

**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

1-12-05

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CLARDY III, JOHN S
STREET ADDRESS	PO BOX 2410
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
TITLE	D
NAME	MARCH, JEANNE
STREET ADDRESS	719 SE 1 CT
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	TAYLOR, BONNIE L
STREET ADDRESS	746 SE 1 CT
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000179243  
01/13/05-80010-013 61.25

**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)(f), 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

Daytime Phone #

1-12-05