2008 NOT-FOR-PROFIT CERPORATION **ANNUAL REPORT**

DOCUMENT # N03000006475



FILED Jan 16, 2008 8:00 am Secretary of State

1. Entity Name CRYSTAL RIVER SPECIAL EVENTS FOUNDATION, INC.								16-2008 9 ⁱ	0043 01	7 01	.23				
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				400-	٠.						
Principal Place of Business - No P.O. Box # 3. Mailing Address															
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01112008 _C	hg-NP	CR2E0	37 (12/06)				
City & State				City & State				4. FEI Number 43-202348	33		─	oplied For			
Zip Country		Zip		Cou	untry	5. Certificate of Status Desired See Required				ditional					
	6. Name	and Address	s of Current	Registere	d Agent		i	7. Name and Add	Iress of New Ro	egistered .	Agent				
			· 12 ;	·			Name								
CLARDY III, JOHN S 521 SE FT ISLAND TRAIL STE A CRYSTAL RIVER, FL 34429						Street Addres	ss (P.O. Box Number is	Not Acceptable)						
CRISIAL	KIVEK, F	L 34429	, *												
			;				City			FL	Zip Cod	le			
	named entit		statement fo	r the purpo	ose of changing its	register	ed office or regis	stered agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept			
_			4.		•										
SIGNATURE		d or printed name of	registered agent	and title if appl	icable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE					
	Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finar Trust Fund Contribution.										\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
									1						
10.		May 1, 200		RECTORS	Trust Fund (ion.		Flori	ida Depar	tment of S	tate			
10.		May 1, 200	ERS AND DIF	RECTORS	Trust Fund (Contribut	ion.	Added to Fees	Flori	ida Depar	tment of S	tate			
	Due by f	May 1, 200 OFFICI	ERS AND DIF	RECTORS	Trust Fund (11. TITL	E IE	Added to Fees	Flori	ida Depar	tment of S	tate			
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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:

Dir TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #