


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000007552</b>	
1. Entity Name COALITION TO PRESERVE OUR WATER RESOURCES, INC.	

Principal Place of Business LITTLE EVERGLADES RANCH 38230 JORDAN RD DADE CITY, FL 33523	Mailing Address PO BOX 173 DADE CITY, FL 33526-0173
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02272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2424054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  REEVES, FREDERICK T ESQUIRE FREDERICK T. REEVES, P.A. 5709 TIDALWAVE DR NEW PORT RICHEY, FL 34652
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	DP BLANCHARD, SHARON 38230 JORDAN RD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARVER, PAT 14315 HALE RD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANDER, DEANNA 14402 OLD MISSION RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000497169  
04/22/06-80039-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Deanna B. Mander Deanna B. Mander 35.06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 352.567.7424