


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000007552</b>		
1. Entity Name <b>COALITION TO PRESERVE OUR WATER RESOURCES, INC.</b>		
Principal Place of Business <b>LITTLE EVERGLADES RANCH 38230 JORDAN RD DADE CITY, FL 33523</b>		Mailing Address <b>PO BOX 173 DADE CITY, FL 33526-0173</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>REEVES, FREDERICK T ESQUIRE FREDERICK T. REEVES, P.A. 5709 TIDALWAVE DR NEW PORT RICHEY, FL 34652</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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		
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: <u>Deanna B. Mander - Treasurer</u> 1.22.07 352.567.7421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		