

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

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90014 043 ****81.25

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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**

DO NOT WRITE IN THIS SPACE

03072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
56-2424054

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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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 Mander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.08
Date

Daytime Phone #