

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007552

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** COALITION TO PRESERVE OUR WATER RESOURCES, INC.

**Current Principal Place of Business:**

LITTLE EVERGLADES RANCH  
38230 JORDAN RD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 173  
DADE CITY, FL 335260173

**New Mailing Address:**

**FEI Number:** 56-2424054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REEVES, FREDERICK T ESQUIRE  
FREDERICK T. REEVES, P.A.  
5709 TIDALWAVE DR  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BLANCHARD, SHARON  
Address: 38230 JORDAN RD  
City-St-Zip: DADE CITY, FL 33523

Title: DV ( ) Delete  
Name: CARVER, PAT  
Address: 14315 HALE RD  
City-St-Zip: DADE CITY, FL 33523

Title: DT ( ) Delete  
Name: MANDER, DEANNA  
Address: 14402 OLD MISSION RD  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MANDER, DEANNA B  
Address: 14402 OLD MISSION RD  
City-St-Zip: DADE CITY, FL 33525 78

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA BARDIN MANDER

DT

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date