


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 012 ****61.25

DOCUMENT # N05000004057 1. Entity Name CRYSTAL RIVER ALL SKATE INITIATIVE, INC.			
Principal Place of Business 1933 W. ALBURY PLACE CITRUS SPRINGS, FL 34434		Mailing Address 1933 W. ALBURY PLACE CITRUS SPRINGS, FL 34434	
2. Principal Place of Business - No P.O. Box # 2485 S. PINE RIDGE AVE. Suite, Apt. #, etc.		3. Mailing Address 2485 S. PINE RIDGE AVE Suite, Apt. #, etc.	
City & State HOMOSASSA, FLORIDA Zip 34448 Country US		City & State HOMOSASSA, FLORIDA Zip 34448 Country US	
4. FEI Number 20-2806529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LA CROIX, DAVID 44 CHINKAPIN CIRCLE HOMOSASSA, FL 34448		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAGEN, SANDRA L 1933 W. ALBURY PLACE CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH A. SEEKO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2485 S. PINE RIDGE AVE. HOMOSASSA FL. 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COSTA, AMBER 6227 KELVIN COURT SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEEKO, ELIZABETH A 2485 S. PINE RIDGE AVE HOMOSASSA, FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JOHNNY R NE 4TH ST. APT. 43 CRYSTAL RIVER, FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BECHTEL, DAWN 3881 S. DELARD WAY HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIM BELLONIAK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 3177 HOMOSASSA SP FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Elizabeth A. Seeko</u> ELIZABETH A. SEEKO 3-28-07 422-5938 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			