

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005538

FILED
Mar 12, 2009
Secretary of State

Entity Name: CRYSTAL SPRINGS FOUNDATION, INC.

Current Principal Place of Business:

40 RANCH RD
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

40 RANCH RD
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: 20-3036903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, ROBERT M
40 RANCH ROAD
THONOTOSASSA, FL 33592 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: PD () Delete
Name: THOMAS, ROBERT M
Address: 40 RANCH RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete
Name: PATE, KAREN H
Address: 40 RANCH RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD () Delete
Name: SIEVERS, CHRISTINA T
Address: 40 RANCH RD
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT M. THOMAS

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date