

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011762

FILED
May 02, 2010
Secretary of State

Entity Name: ANCLOTE RIVER BLUEWAY FOUNDATION, INC.

Current Principal Place of Business:

3510 PINEHURST DR.
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3510 PINEHURST DR.
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEVOID, LUX
3510 PINEHURST DR.
HOLIDAY, FL 34691 US

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: VD
Name: POLING, MATHEW
Address: 3510 PINEHURST DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: PD
Name: DEVOID, LUX
Address: 3510 PINEHURST DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: TD
Name: ABBOTT, AMBER
Address: 3510 PINEHURST DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: SD
Name: WALKER, BARBARA
Address: 3510 PINEHURST DR.
City-St-Zip: HOLIDAY, FL 34691 US

I hereby 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 all other like empowered.

SIGNATURE: MATHEW POLING

VD

05/02/2010

Electronic Signature of Signing Officer or Director

Date