FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

N44046

(3)

CITIZENS FOR WATER, INC.

ONIZERO FOR WATER, INC.										
Principal Place	of Business	Mailing Address				* 10 0/11-01 B11 B/011 B1011 B1311 B1011	# 1111 # 1# 11 # 1# 18 # 1	841 61611	#1811 81811 1881	
BOB PARK AVENUE DELEON SPRINGS FL 32130		808 PARK AVENUE DELEON SPRINGS FL 32130								
						3. Date Incorporated or Qualified 06/25/1991	3a. Date 0	f Last I /23/1		
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number	Applied For			
21		26	Suite, Apt. #, etc.			59-3085526 Not Applicable \$8.75 Additional				
Suite, Apt. #	y, etc.	—	27			5. Certificate of Status Desired			Required	
Orty & State		City & State	1			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Ζφ	Country	Zφ	—— · —			8. This corporation has liability for in			199.032,	
24	25 9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New Re	Yes X No			
	g. Name and Address of Currer	it negistered Agent		81	Name	10. Name and Address of New Ne	distaied võe	1111		
echine	R, RICHARD W.					(2)				
808 PAF			82	Street Addr	ess (P.O. Box Number is Not Acceptable	3)				
	I SPRINGS FL 32130			83			4.			
DELEGI				84	City			5 Zic	Code	
					Oity		FL ∣°	5 2	Code	
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize	s, the abo ed by the o	ve-n corpo	named corpor pration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appo	ose of changi intment as reg	ng its re istered	egistered office agent. I am	
SIGNATURE .	Signature typed or printed name of registered agen		ar a tro			d when reinstalingi	DATE			
12.		rand tite Tappicalise (NO)	13.	Agen	r signature require	ADD: HONS/CHANGES TO OFFI		RECTO	RS IN 12	
TILLE	PD	DELETE	1 1 Till					hange	Addition	
NAME	SCHULER, RICHARD W.		1 2 N	1 2 NAME						
STREET ADDRESS	808 PARK AVE.		13STREET		ADDRESS					
CITY - ST - ZIP	DELEON SPRINGS FL			1.4 CITY - ST - ZIP		4.2.188				
TITLE	V D			2.1 TiTLE				hange	Addition	
NAME	001102211 02:012 0:			2 2 NAME						
STREET ADDRESS	808 PARK AVE.			2 3 STREET ADDRESS						
CITY - ST - ZIP	DELEON SPRINGS FL			2 4 CITY - ST - ZIP 3 1 TITLE				hange	Addition	
TITLE NAME	SD Layton, Elizabeth			31 IIILE 32 NAME			r),		C vide-from	
STREET ADDRESS	2 SYLVIN ROAD				ADDRESS					
CITY-ST-ZIP	DELEON SPRINGS FL				ST-ZIP					
TITLE	TD	DELETE	4 1 TI		-			Напде	Addition	
NAME	HUNTER, CHRIS		4 2 N	AME	ĺ					
STREET ADORESS	4799 HARMONEYWOODER	TRAIL	43S	TREET	ADORESS					
CITY - ST - ZIP	DELEON SPRINGS FL				T - 2(P					
T:TLE	D	DELETE	5 1 T					Change	Addition	
NAME	BRITTENHAM, KEITH		5 2 N							
STREET ADDRESS	4160 LAKE VIEW COURT				ADDRESS					
CITY - ST - Z-P	DELAND FL	DELETE			I - Z IP			Change	Addition	
TITLE		Perrete	61 T 62 N		ļ		L.	and i Ac	- Addition	
NAME STREET ACORESS					ADDRESS					
					ADDRESS ST-ZIP					
14. Ldo beret	by certify that the information supplied	with this filing is voluntarily furn				for the exemption stated in Section 119.	07(3)(k), Florida	Statut	es. I further	

I do nereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

904-985-4543 Daytme Phone #