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2004 NOT-FOR-PROFIT CORPORATION	May 03, 2004 8:00 an
ANNUAL REPORT	Secretary of State
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CRYSTAL RIVER, FL 34428 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04282004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number FO 2432629 App	1. Entity Name CRYSTAL ASSOCIA	RIVER POLICE DEPART TION, INC.			14018859					
Surie, Apl. #, etc. Surie, Apl. #, etc. O4282004 Chg-NP CR2E037 (10/03)	123 NW HWY Crystal Rive		123 NW HWY 19 Crystal River, FL 344	28 US						
City & State City & State City & State City & State Section Secti	2. Principal Pla	ace of Business	3. Mailing Address							
Specification of Status Dosined Specification of Status Dosined Stat	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			04282004 Ch	ıg-NP	CR2E037 (10	/03)	
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Name Charles Ballard Street Address (P.O. Bey-)tgmby Whythyrgorayd) City Crystal River FL Zip 5442 6. The above named entity submits this statement for the purpose of changing its registered edition or registered agent, or both, in the State of Flonda. I am familiar with, a three obligations of personned familiar with, a three obligations of personned agent and ties a application. SIGNATURE SIGNATUR	Zip*	Country	- Zip	Country	- '-	5. Certificate of St	atus Desired		5 Addit	
Street Address (P.O. Sp.*) gribing in North (graphship)		6. Name and Address of Current	Registered Agent						<u> </u>	
City Crystal River FL Zip 5428 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, a three obligations of purpose of part three purpose of changing its registered agent										
Entry Crystal River FL		•		Street Add	dress (P.C	O. Bopx2Ngmbon ig/	_N o H/&c∳ pta∳ie	9		
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 familier with, a the obligations of perishgock dent.										
SIGNATURE Signature hoed of proced name of requisered agent and size of agent action pastered agent and size agent action agent				City	Cry	stal Ri	ver	FL Zi	3 4 4	28
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE	SIGNATURE _	Charles So	and title if applicable. (NOTE: I	Registered Agent signature	e required who	en reinstating)		4/2.8/04 DATE	, — —	
Title		_								
KLYAP, MICHAEL JR. 123 N.W. HIGHWAY 19 12 N.W. HIWY 19			- 			DITIONS/CHANGI	S TO OFFICE			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Echanged, or on an attachment with an address, with all other into the proposed of the corporation of the c	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				C C	iange	Addition
SIGNATURE: has Dall Charles Ballard 32004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Proce *	indicated of the corp changed,	on this report or supplemental report is obtained in the receiver of trustee entipor on an attachment with an address. URE: han D	s true and accurate and that my owered to execute his report a with all other like empowered.	y signature shall have sirequired by Chap	ive the san oter 617, F	ne legal effect as i Florida Statutes; an	orida Statutes. I f made under of d that my name	further certify that path; that I am an o a appears in Block	t the info officer of 10 or E	ormation r director Block 11 if