

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90172 041 ****61.25

DOCUMENT # N93000000090 1. Entity Name CRYSTAL RIVER LIONS CLUB RAILROAD STATION RESTORATION AND PRESERVATION FOUNDATION, INC.					
Principal Place of Business 109 CYRSTAL ST. CRYSTAL RIVER, FL 34428			Mailing Address P.O. BOX 278 CRYSTAL RIVER, FL 34423 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, DUMAS JR 291 S GARDENIA TERRACE CRYSTAL RIVER, FL 34429			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2006		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	D BALLIEN, HERBERT 113 N. POMPEO AVE. CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BALLIEN, HERBERT 113 N. POMPEO AVE. CRYSTAL RIVER, FL 34429 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUMAS, BROWN JR 291 S. GARDINIA ST. CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DUMAS, BROWN JR. 291 S. GARDINIA ST. CRYSTAL RIVER, FL 34429 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDLER, LEW 7340 WEST VINEYARD DRIVE HOMOSASSA, FL 34448 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHANDLER, LEW 7340 WEST VINEYARD DRIVE HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANDLER, TONIA 7340 WEST VINEYARD DRIVE HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FREDERICK, VERA 7012 W. PINE BROOK ST. CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BRUGGINK, LOWELL L 1179 N. LION CUB PT. LECANTO, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DIRECTOR FREDERICK, STEVEN 7012 W. PINEBROOK ST. CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LINDENBERG, JACK 5893 W. PINE CIRCLE CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Change <input checked="" 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>Herbert Ballien</u> HERBERT BALLIEN 1/11/06 352-195-0586 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					