

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90075 009 \*\*\*\*61.25

**DOCUMENT # N93000000090**

1. Entity Name  
**CRYSTAL RIVER LIONS CLUB RAILROAD STATION  
RESTORATION AND PRESERVATION FOUNDATION,  
INC.**



Principal Place of Business  
**108 CYRSTAL ST.  
CRYSTAL RIVER, FL 34428**

Mailing Address  
**P.O. BOX 278  
CRYSTAL RIVER, FL 34423 US**

**40003118**



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0450302**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

**FL**

Zip Code

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

Signature of person or current name of registered agent and his or her associate

CNOFC Registered Agent signature required when transferring:

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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          | P                        | NAME | BALLIEN, HERBERT   | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 113 N. POMPEO AVE        |      |                    |                                            |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34428  |      |                    |                                            |
| TITLE          | D                        | NAME | DUMAS, BROWN JR    | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 291 S. GARDINIA ST       |      |                    |                                            |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34428  |      |                    |                                            |
| TITLE          | D                        | NAME | CHANDLER, LEW      | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 7340 WEST VINEYARD DRIVE |      |                    |                                            |
| CITY-STATE-ZIP | HOMOSASSA, FL 34448      |      |                    |                                            |
| TITLE          | S                        | NAME | FREDRICK, VERA     | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 7012 W. PINE BROOK ST    |      |                    |                                            |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34428  |      |                    |                                            |
| TITLE          | D                        | NAME | FREDRICK, STEVEN   | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 7012 W. PINE BROOK ST    |      |                    |                                            |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34428  |      |                    |                                            |
| TITLE          | T                        | NAME | LINDENBACKER, JACK | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 5093 W. PINE CIRCLE      |      |                    |                                            |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34428  |      |                    |                                            |

|                |                         |      |                  |                                                                              |
|----------------|-------------------------|------|------------------|------------------------------------------------------------------------------|
| TITLE          | D                       | NAME | BALLIEN, HERBERT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 113 N. POMPEO AVE.      |      |                  |                                                                              |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34429 |      |                  |                                                                              |
| TITLE          |                         | NAME |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                         |      |                  |                                                                              |
| CITY-STATE-ZIP |                         |      |                  |                                                                              |
| TITLE          |                         | NAME |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                         |      |                  |                                                                              |
| CITY-STATE-ZIP |                         |      |                  |                                                                              |
| TITLE          | P                       | NAME | FREDERICK STEVEN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7012 W. PINE BROOK ST.  |      |                  |                                                                              |
| CITY-STATE-ZIP | CRYSTAL RIVER, FL 34429 |      |                  |                                                                              |
| TITLE          |                         | NAME |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                         |      |                  |                                                                              |
| CITY-STATE-ZIP |                         |      |                  |                                                                              |

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:** *Herbert Ballien* **HERBERT BALLIEN** 1/13/07 351-795-0586