
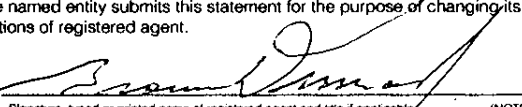
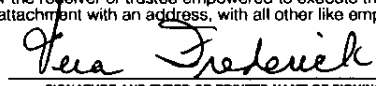


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90021 020 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N93000000090</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>CRYSTAL RIVER LIONS CLUB RAILROAD STATION<br>RESTORATION AND PRESERVATION FOUNDATION,<br>INC.  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>109 CYRSTAL ST.<br>CRYSTAL RIVER, FL 34428  |   |  | <b>Mailing Address</b><br>P.O. BOX 278<br>CRYSTAL RIVER, FL 34423 US   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>65-0450302  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BROWN, DUMAS JR<br>291 S GARDENIA TERRACE<br>CRYSTAL RIVER, FL 34429  |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <b>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.</b>  |   |  |  |   |  |
| SIGNATURE  DATE <span style="float: right;">1-9-08</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BALLIEN, HERBERT<br>113 N. POMPEO AVE.<br>CRYSTAL RIVER, FL 34429      | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DUMAS, BROWN JR<br>291 S. GARDINIA ST.<br>CRYSTAL RIVER, FL 34429      | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CHANDLER, LEW<br>7340 WEST VINEYARD DRIVE<br>HOMOSASSA, FL 34448       | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>FREDRICK, VERA<br>7012 W. PINE BROOK ST.<br>CRYSTAL RIVER, FL 34429    | <input checked="" type="checkbox"/> Delete   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FREDRICK, STEVEN<br>7012 W. PINE BROOK ST.<br>CRYSTAL RIVER, FL 34429  | <input checked="" type="checkbox"/> Delete   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>LINDENBACKER, JACK<br>5093 W. PINE CIRCLE<br>CRYSTAL RIVER, FL 34429   | <input checked="" type="checkbox"/> Delete   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>VERA Frederick<br>7012 W. Pine Brook St<br>CRYSTAL RIVER FL 34429      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FREDERICK, STEPHEN<br>7012 W. Pine Brook St<br>CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>Klein, Lynn<br>2105 Jackson St<br>Beverly Hills, FL 34465              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b>  <span style="float: right;">1-9-08 352 795-6639</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |