2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000000090



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

Jan 16, 2008 8:00 am Secretary of State

FILED

1. Entity Name CRYSTAL RIVER LIONS CLUB RAILROAD STATION RESTORATION AND PRESERVATION FOUNDATION, INC.				
Principal Place of Business	Mailing Address			
109 CYRSTAL ST.	P.O. BOX 278			

	_ RIVER LIONS CLUB RAIL ATION AND PRESERVATION			11				
Principal Place 109 CYRSTAL CRYSTAL RIV		Mailing Address P.O. BOX 278 CRYSTAL RIVER, FL 3442	23 US			MIN AFRI FRIK ROM SFIM E	1111 - 1 1111 - 1 111 1 - 1 111	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	<u></u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01062008 Cr	ng-NP CR	2E037 (12/06)	
City & State	В	City & State			4. FEI Number 65-045030	2		plied For at Applicable
Zip	Country	Zíp	Country		5. Certificate of St	atus Desired 📋	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registe	red Agent	
DDOMAN F	NIMAC ID		Name					
291 S GAF	DUMAS JR RDENIA TERRACE RIVER, FL 34429		Street Ac	ddress (F	O. Box Number is t	Not Acceptable)		
		,	City	•••			FL Zip Code	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registere	ed agent, or both, in	the State of Florida. I	am familiar with,	and accept
						1.0	-08	
SIGNATURE:	Signature, typed or printed name of registered agent	and the deposit of the Court of	legistered Agent signatu		-has reinmenting)		ATE	
	Supremus, typed or privace many or registered agent	and the supplemental (NOTE, N	egistered Agent signatu	ne recionou	eriteri resinazzinegy			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		heck payable to epartment of St	
10.	Due by May 1, 2008 OFFICERS AND DIE	Trust Fund Cor		<u> </u>	Added to Fees		partment of St	ate
TITLE	OFFICERS AND DIE	Trust Fund Cor	11.	<u> </u>	Added to Fees	Florida De	partment of St	ate
TITLE NAME	OFFICERS AND DIE D BALLIEN, HERBERT	Trust Fund Cor RECTORS	11. TITLE NAME	<u> </u>	Added to Fees	Florida De	partment of St	10
TITLE	Due by May 1, 2008 OFFICERS AND DIF D BALLIEN, HERBERT 113 N. POMPEO AVE.	Trust Fund Cor RECTORS	11.	<u> </u>	Added to Fees	Florida De	partment of St	10
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIF D BALLIEN, HERBERT 113 N. POMPEO AVE. CRYSTAL RIVER, FL 34429	Trust Fund Cor	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees	Florida De	D DIRECTORS IN Change	10 Addition
TIPLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF D BALLIEN, HERBERT 113 N. POMPEO AVE.	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS	<u> </u>	Added to Fees	Florida De	partment of St	10
TIFLE NAME STREET ADDRESS CITY-SI-ZIP	Due by May 1, 2008 OFFICERS AND DIF D BALLIEN, HERBERT 113 N. POMPEO AVE. CRYSTAL RIVER, FL 34429 D	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<u> </u>	Added to Fees	Florida De	D DIRECTORS IN Change	10 Addition
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIF D BALLIEN, HERBERT 113 N. POMPEO AVE. CRYSTAL RIVER, FL 34429 D DUMAS, BROWN JR 291 S. GARDINIA ST. CRYSTAL RIVER, FL 34429 D CHANDLER, LEW	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	<u> </u>	Added to Fees	Florida De	D DIRECTORS IN Change	1C Addition
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ITFLE NAME STREET ADDRESS CITY-ST-ZIP ITFLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF D BALLIEN, HERBERT 113 N. POMPEO AVE. CRYSTAL RIVER, FL 34429 D DUMAS, BROWN JR 291 S. GARDINIA ST. CRYSTAL RIVER, FL 34429 D CHANDLER, LEW 7340 WEST VINEYARD DRIVE HOMOSASSA, FL 34448 S FREDRICK, VERA 7012 W.PINE BROOK ST. CRYSTAL RIVER, FL 34429 P FREDRICK, STEVEN 7012 W. PNE BROOK ST.	Trust Fund Cor	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	5 VERA 7012 CRY. PFRE 7012	Frederic W. PineBR STAL RIVE DERICK, S W. PINEBR	ESTO OFFICERS AN LOOK ST R 7L 344. TEPHEN OOK ST	D DIRECTORS IN Change Change Change	1C Addition Addition
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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 reserver 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.

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Yera Tolerick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

795-6639

Daytime Phone #