


FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003831 (3)

1. Corporation Name

CITIZENS FOR FLORIDA'S WATERWAYS, INC.



Principal Place of Business	Mailing Address
1395 GLENHAVEN DRIVE MERRITT ISLAND FL 32952	1395 GLENHAVEN DRIVE MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified	08/11/1995
4. FEI Number	59-3336656
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
REYNOLDS, GEORGE L 1395 GLENHAVEN DRIVE MERRITT ISLAND FL 32952	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PIRA, JEFF
STREET ADDRESS	411 W. KING ST
CITY-ST-ZIP	COCOA FL 32922
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, GEORGE L
STREET ADDRESS	1395 GLENHAVEN DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOYD, KENNETH
STREET ADDRESS	1465 S. LESTER CT.
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, SANDRA L
STREET ADDRESS	1395 GLENHAVEN DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reynolds, George L
1.3 STREET ADDRESS	1395 Glenhaven Dr
1.4 CITY-ST-ZIP	Merritt Island, FL 32952
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jaren, Douglas
2.3 STREET ADDRESS	1360 So. BANANA RIVER
2.4 CITY-ST-ZIP	Merritt Island, FL 32952
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scala, Tricia B
3.3 STREET ADDRESS	1625 Angel Ave
3.4 CITY-ST-ZIP	Merritt Island, FL 32952
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Kim
4.3 STREET ADDRESS	1755 So. SHELTER TRL
4.4 CITY-ST-ZIP	Merritt Island FL 32952
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra L Reynolds Pres* 1-8-98 407459-0891

CR2E037 (10/97)