

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003831

FILED
Mar 25, 2008
Secretary of State

Entity Name: CITIZENS FOR FLORIDA'S WATERWAYS, INC.

Current Principal Place of Business:

1395 GLENHAVEN DR.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P.O BOX 541712
MERRITT ISLAND, FL 329541712

New Mailing Address:

FEI Number: 59-3336656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, GEORGE
1395 GLENHAVEN DRIVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAUGH, KELLY R
Address: 1300 GIRARD BLVD.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD () Delete
Name: WEBSTER, STEVEN E
Address: 2569 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD () Delete
Name: GARY, HAUGH A
Address: 1300 GIRARD BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: DIGNAN, KAREN L
Address: 1715 COQUINA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN DIGNAN

T

03/25/2008

Electronic Signature of Signing Officer or Director

Date