

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001456

1. Entity Name
FLORIDA'S FRESHWATER FRONTIER, INC.



Principal Place of Business
**2730 U.S. HWY 27 N
SEBRING, FL 33870 US**

Mailing Address
**POST OFFICE BOX 1196
SEBRING, FL 33781-1196 US**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0768427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOPEL, LYNN A
112 KAROLA DR.
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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 *Lynn A Topel Executive Director*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-31-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JACKSON, ANDREW B
150 N COMMERCE AVENUE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
JONES, K S "BUTCH"
GLADES CO COURTHOUSE HWY 27 & 5TH ST
MOORE HAVEN, FL 33471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GENTRY, DORIS M
650 E. CORNELL ST.
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, BOBBY R
BCC-412 W ORANGE STREET-RM A-203
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
NEADS, RONALD
201 EAST OAK STREET, STE 201
ARACADIA, FL 34266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MECHLIN, JEFFREY
98 NORTH FORREST AVE
AVON PARK, FL 33825**

U00000218885
02/08/05-80006-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lynn A Topel Executive Director* **1/31/05 8633854900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #