

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001456

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** FLORIDA'S FRESHWATER FRONTIER, INC.

**Current Principal Place of Business:**

2730 U.S. HWY 27 N  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1196  
SEBRING, FL 337811196 US

**New Mailing Address:**

**FEI Number:** 65-0768427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOPEL, LYNN A  
112 KAROLA DR.  
SEBRING, FL 33870 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: JACKSON, ANDREW B  
Address: 150 N COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

Title: CD ( ) Delete  
Name: JONES, K S  
Address: GLADES CO COURTHOUSE HWY 27 & 5TH ST  
City-St-Zip: MOORE HAVEN, FL 33471

Title: T ( ) Delete  
Name: GENTRY, DORIS M  
Address: 650 E. CORNELL ST.  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: SMITH, BOBBY R  
Address: BCC-412 W ORANGE STREET-RM A-203  
City-St-Zip: WAUCHULA, FL 33873

Title: VCD ( ) Delete  
Name: NEADS, RONALD  
Address: 201 EAST OAK STREET, STE 201  
City-St-Zip: ARACADIA, FL 34266

Title: D ( ) Delete  
Name: MECHLIN, JEFFREY  
Address: 98 NORTH FORREST AVE  
City-St-Zip: AVON PARK, FL 33825

**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:

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 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: LYNN TOPEL

DIRE

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date