2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001456

FILED Mar 03, 2008 Secretary of State

Entity Name: FLORIDA'S FRESHWATER FRONTIER, INC.

Current Principal Place of Business: New Principal Place of Business: 2730 U.S. HWY 27 N SEBRING, FL 33870 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1196 SEBRING, FL 338711196 US FEI Number: 65-0768427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOPEL, LYNN A SHARP, CHERYL 112 KAROLA DR. 2319 JACKSON DRIVE SEBRING, FL 33870 US SEBRING, FL 33870 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: CHERYL SHARP 03/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JACKSON, ANDREW B Name: Name: 150 N COMMERCE AVENUE Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: CD Title: () Change () Addition () Delete JONES, KS Name: Name: Address: GLADES CO COURTHOUSE HWY 27 & 5TH ST Address: City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: Title: () Delete Title: (X) Change () Addition GENTRY, DORIS M Name: O'NEAL, D. WAYNE Name: 650 E. CORNELL ST. Address: Address: 165 S. LEE STREET City-St-Zip: AVON PARK, FL 33825 City-St-Zip: LABELLE, FL 33935 Title: () Delete Title: () Change () Addition SMITH, BOBBY R Name: Name: BCC-412 W ORANGE STREET-RM A-203 Address: Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: Title: VCD () Delete Title: () Change () Addition NEADS, RONALD Name: Name: 201 EAST OAK STREET, STE 201 Address: Address: City-St-Zip: ARACADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition MECHLIN, JEFFREY Name: Name: Address: 98 NORTH FORREST AVE Address: AVON PARK, FL 33825 City-St-Zip: 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: CHERYL SHARP IED 03/03/2008