

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003710

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** ALAFIA RIVER BASIN STEWARDSHIP COUNCIL, INC.

**Current Principal Place of Business:**

11215 MCMULLEN LOOP  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11215 MCMULLEN LOOP  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-3535678      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BRADFORD, CHERYL L  
11215 MCMULLEN LOOP  
RIVERVIEW, FL 33569      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: MORRIS, SUSAN  
Address: 7508 ALAFIA DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: PT      ( ) Delete  
Name: WAGNER, KEREN  
Address: 4510 SQUIRREL WAY RUN  
City-St-Zip: VALRICO, FL 33569

Title: D      ( ) Delete  
Name: WAGNER, DARRYL  
Address: 4510 SQUIRREL WAY RUN  
City-St-Zip: VALRICO, FL 33569

Title: VD      ( ) Delete  
Name: BRADFORD, CHERYL  
Address: 11215 MCMULLEN LOOP  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PT      (X) Change ( ) Addition  
Name: WAGNER, KAREN  
Address: 4510 SQUIRREL WAY RUN  
City-St-Zip: VALRICO, FL 33569

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 Section 119.07(3)(i), 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 M. WAGNER

PRES

09/07/2005

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

\_\_\_\_\_  
Date