2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N98000005424

Entity Name: THE CHASSAHOWITZKA RIVER RESTORATION COMMITTEE, INC.

Current Principal Place of Business:

820 NEWBERGER ROAD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

820 NEWBERGER ROAD
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3538392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWBERGER, MITCHELL A
820 NEWBERGER RD.
LUTZ, FL 33549 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:	PD	( ) Delete
Name:	STAFFORD, BRYAN	
Address:	7901 W. MESA LANE	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	VD	( ) Delete
Name:	CALBACK, JACK	
Address:	10093 WOODWARD POINT	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	STD	( ) Delete
Name:	WALKER, WM W	
Address:	8807 ROBERTS ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	D	( ) Delete
Name:	ROUCH, JOHN	
Address:	10571 LA BARON DRIVE	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	D	( ) Delete
Name:	BRYANT, HOWARD	
Address:	8230 MISS MAGGIE DRIVE	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	D	( ) Delete
Name:	NEWBERGER, MITCHELL	
Address:	820 NEWBERGER ROAD	
City-St-Zip:	LUTZ, FL 33549	

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: MITCHELL. NEWBERGER D 01/05/2007

Electronic Signature of Signing Officer or Director — Date