

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005528

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** FRIENDS OF THE CHASSAHOWITZKA NATIONAL WILDLIFE REFUGE COMPLEX, INC.

**Current Principal Place of Business:**

1502 S.E. KINGS BAY DRIVE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

1502 S.E. KINGS BAY DRIVE  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

**FEI Number:** 59-3505874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAUS, JAMES  
1502 S.E. KINGS BAY DRIVE  
CRYSTAL RIVER, FL 34429 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: T ( ) Delete  
Name: KNUDSEN, SHIRLEY E  
Address: 28 AGERATUM COURT  
City-St-Zip: HOMOSASSA, FL 34426

Title: VP ( ) Delete  
Name: BLUE-MCLEAN, LACE  
Address: 3414 S. FITCH AVE.  
City-St-Zip: INVERNESS, FL 34452

Title: P ( ) Delete  
Name: PETERLIN, JOHN  
Address: 3407 N. BAY AVE.  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S ( ) Delete  
Name: CASEY, EMILY  
Address: 1430 EAST HARTFORD ST  
City-St-Zip: INVERNESS, FL 34453

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

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

Title: P (X) Change ( ) Addition  
Name: BLUE-MCLEAN, LACE  
Address: 3414 S. FITCH AVE.  
City-St-Zip: INVERNESS, FL 34452

Title: VP (X) Change ( ) Addition  
Name: CLAYCOMB, DENISE J  
Address: 12042 W. TARPON COURT  
City-St-Zip: HOMOSASSA, FL 34448

Title: S (X) Change ( ) Addition  
Name: PETERSON, AL  
Address: 18 COSMOS COURT E  
City-St-Zip: HOMOSASSA, FL 34446

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: SHIRLEY E KNUDSEN

T

04/17/2008

Electronic Signature of Signing Officer or Director

Date