

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006644

FILED
Jan 08, 2006
Secretary of State

Entity Name: SAVE OUR NATURECOAST, INC.

Current Principal Place of Business:

6901 MCCRAY DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

6901 MCCRAY DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3684974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNING, RICHARD
6901 MCCRAY DRIVE
HUDSON, FL 34667 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: DOWNING, RICHARD
Address: 6901 MCCRAY DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: DOWNING, SANDRA
Address: 6901 MCCRAY DRIVE
City-St-Zip: HUDSON, FL 34667

Title: STD () Delete
Name: BARLOG, YVONNE
Address: 217 N. STERLING STREET
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: JONAS, DOUGLAS
Address: 14907 DELEON DRIVE
City-St-Zip: HUDSON, FL 34667

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: VD (X) Change () Addition
Name: BARLOG, MICHAEL
Address: 217 N. STERLING STREET
City-St-Zip: TAMPA, FL 33609

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: RICHARD DOWNING

PD

01/08/2006

Electronic Signature of Signing Officer or Director

_____ Date