

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006644

FILED  
Apr 16, 2009  
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: BARLOG, MICHAEL  
Address: 217 N. STERLING STREET  
City-St-Zip: TAMPA, FL 33609

**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:

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: RICHARD DOWNING

PD

04/16/2009

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

\_\_\_\_\_  
Date