


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90314 012 ****61.25

DOCUMENT # N39884

1. Entity Name
SAVE OUR SEABIRDS, INC.



Principal Place of Business
**840 THIRD AVENUE SOUTH
 TIERRA VERDE, FL 33715**

Mailing Address
**840 THIRD AVENUE SOUTH
 TIERRA VERDE, FL 33715**



2. Principal Place of Business
*840 3rd Ave
 Tierra Verde Fl. 33715*

3. Mailing Address
*840 3rd Ave S.
 Tierra Verde Fl. 33715*

Suite, Apt. #, etc.

04202005 Chg-NP CR2E037 (10/03)

City & State
Tierra Verde Fl.

City & State
Tierra Verde Fl.

Zip
33715

Country
Puerto R.S.

Zip
33715

Country
USA.

4. FEI Number
59-3078536

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, LEE
840 THIRD AVENUE SOUTH
TIERRA VERDE, FL 33715

7. Name and Address of New Registered Agent

Name
Lee Fox (Save Our Seabirds Inc)

Street Address (P.O. Box Number is Not Acceptable)
840 3rd Ave S.

City
Tierra Verde

FL

Zip Code
33715

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee Fox* DATE *5/20/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, LEE 840 THIRD AVENUE SOUTH TIERRA VERDE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNY, ANN 731 64TH AVE ST PETERSBURG, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, NANCY 1505 BM COLONIAL TERR ARLINGTON, VA 22209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNY, JACK D 731 64TH AVE. ST. PETERSBURG BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, JAMES 5040 FOURTH ST N ST PETERSBRUG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRORY, RICHARD 540 FOURTH ST N ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Executive Bd Lorraine Franckli (Dr) 106 4th St East Tierra Verde Fl. 33715</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee Fox Pres.* DATE: *4/20/05* 727-251-9640

Signature and typed or printed name of signing officer or director