

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45209

FILED
Feb 09, 2010
Secretary of State

Entity Name: SOUTH ATLANTIC LIFESAVING ASSOCIATION, INC.

Current Principal Place of Business:

1628 THIRD AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50954
JACKSONVILLE BEACH, FL 322400954 US

New Mailing Address:

FEI Number: 59-3089517 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUTTO, M C
1628 THIRD AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 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: D
Name: WATSO, RONALD R DIRECTO
Address: RR 1 BOX 577
City-St-Zip: MT. CLARE, WV 26408

Title: SD
Name: GROH, ADRIENNE SECY
Address: 861 RIVERLAND DR.
City-St-Zip: CHARLESTON, SC 29412

Title: TD
Name: HUTTO, M. C TREASUR
Address: 1628 THIRD AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD
Name: GILL, TOM PRESIDE
Address: 1332 GARNET RD
City-St-Zip: VIRGINIA BEACH, VA 23451

Title: VP
Name: WAGNER, RALPH VP
Address: 116 ARROW ROAD
City-St-Zip: HILTON HEAD ISLAND, SC 29928

I hereby 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 all other like empowered.

SIGNATURE: M. C. HUTTO

TD

02/09/2010

Electronic Signature of Signing Officer or Director

Date