

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45209

FILED  
Feb 04, 2011  
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:**

861 RIVERLAND DR  
CHARLESTON, SC 29412 US

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

Title: T  
Name: BRADLEY, MICHAEL E TREASUR  
Address: 861 RIVERLAND DR.  
City-St-Zip: CHARLESTON, SC 29412

Title: P  
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: MICHAEL E BRADLEY

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02/04/2011

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

\_\_\_\_\_  
Date