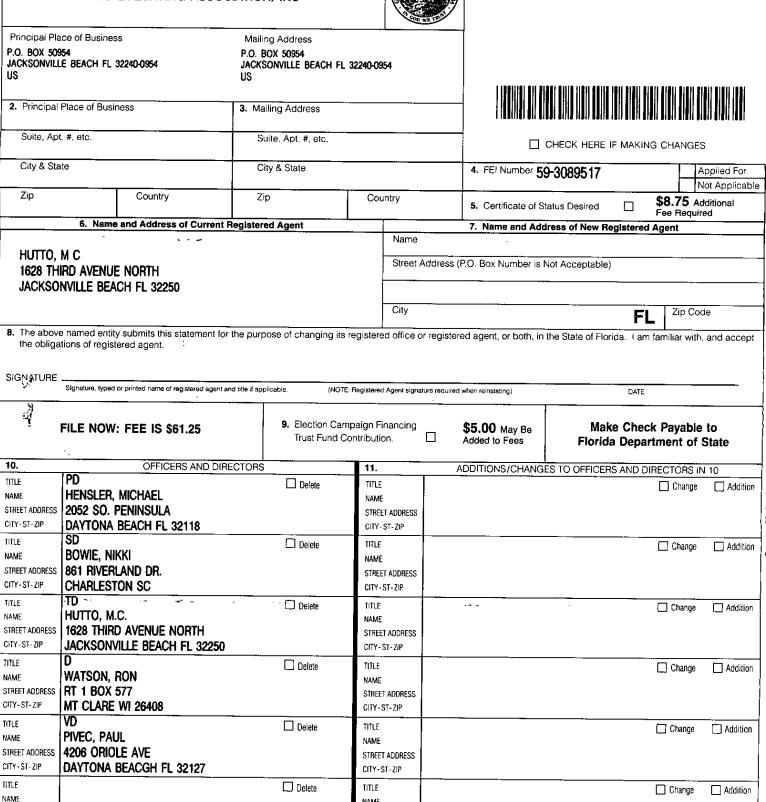
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N45209**

1. Entity Name

## SOUTH ATLANTIC LIFESAVING ASSOCIATION, INC.



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 eath; 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 allighting like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HINDUITE REQUIRED M.C.

1-10-03

**FILED** 

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90440 002 \*\*\*\*61.25

CR2E037 (10/02)