

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90009 007 ****61.25

DOCUMENT # N00000000747					
1. Entity Name SAVE OUR BAYS, AIR AND CANALS, INC.					
Principal Place of Business 923 GOLF ISLAND DR. APOLLO BEACH, FL 33572			Mailing Address PO BOX 3668 APOLLO BEACH, FL 33572		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3607105	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARILYN BALKANT 1806 MILFORD CIRCLE SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name: <u>DOMINICK GERBIA</u> Street Address (P.O. Box Number is Not Acceptable) <u>6322 BALBOA LANE</u> City: <u>APOLLO BEACH</u> FL <u>33572</u>		
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: <u>Dominick Gerbia</u> DATE: <u>8-2-04</u> (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MARZILLI, JOE STREET ADDRESS 1055 APOLLO BEACH BLVD CITY-ST-ZIP APOLLO BEACH, FL 33572	☒ Delete		TITLE PD NAME DOMINICK GERBIA STREET ADDRESS 6322 BALBOA LANE CITY-ST-ZIP APOLLO BEACH FL 33572	☐ Change ☒ Addition	
TITLE VPD NAME TSULTIM, JAY STREET ADDRESS 929 BIRDIE WAY CITY-ST-ZIP APOLLO BEACH, FL 33572	☒ Delete		TITLE VPD NAME DAVE WIEDENBEIN STREET ADDRESS 1407 BEECH CLUB LANE CITY-ST-ZIP APOLLO BEACH FL 33572	☐ Change ☒ Addition	
TITLE SD NAME ALLAERT, BARBARA STREET ADDRESS 6439 LAKE SUNRISE DR CITY-ST-ZIP APOLLO BEACH, FL 33572	☒ Delete		TITLE SD NAME AUDREY JOHNSON STREET ADDRESS 1407 BEECH CLUB LANE CITY-ST-ZIP APOLLO BEACH FL 33572	☐ Change ☒ Addition	
TITLE TD NAME DOCKERY, JACK STREET ADDRESS 825 GOLF ISLAND DR. CITY-ST-ZIP APOLLO BEACH, FL 33572	☒ Delete		TITLE TD NAME EVELYN CAMPBELL STREET ADDRESS 3708 GAVIOTA DR CITY-ST-ZIP SUN CITY CENTER FL 33573	☐ Change ☒ Addition	
TITLE D NAME MURPHY, BARBARA STREET ADDRESS 1403 COBIA CAY DR. CITY-ST-ZIP APOLLO BEACH, FL 33572	☒ Delete		TITLE D NAME JEANETT DOYLE STREET ADDRESS 914 CHIPAWAY DR CITY-ST-ZIP APOLLO BEACH FL 33572	☐ Change ☒ Addition	
TITLE D NAME BERTOLINI, BONNIE STREET ADDRESS 929 BIRDIE WAY CITY-ST-ZIP APOLLO BEACH, FL 33572	☒ Delete		TITLE D NAME TINA SPELLER STREET ADDRESS 6525 SOLITARE PALM WAY CITY-ST-ZIP APOLLO BEACH FL 33572	☐ Change ☒ 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: <u>Dominick Gerbia</u>			DATE: <u>8-2-04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		