

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002619

1. Entity Name
SAVE THE HOMOSASSA RIVER ALLIANCE, INC.



Principal Place of Business
**4114 S WASHINGTON PT
HOMOSASSA, FL 34448**

Mailing Address
**P. O. BOX 124
HOMOSASSA, FL 34487-0124**

DO NOT WRITE IN THIS SPACE



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2611251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, RONALD J
4114 S WASHINGTON PT
HOMOSASSA, FL 34448**

**DO NOT WRITE
IN THIS SPACE**

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 *Ronald J. Miller, Ronald J. Miller, President & Chairman* **Feb 8, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000053405
02/16/04-80127-012 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
BITTER, JIM
4330 S. CONWELL DR
HOMOSASSA, FL 34448*391**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MILLER, RON J
4114 S. WASHINGTON PT.
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HILLEN, DAN
11382 S. GRYBEK DR.
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CORNETT, TESS
5538 SO ISLAND DR
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JEEVES, ROBERT
4795 SO WOOD WAY
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HINDMAN, CLYDE
4760 S. MYRTLE WAY
HOMOSASSA, FL 34448**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ronald J. Miller* **Feb 8, 2004 (352) 620-6066 (Home)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #