

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2005 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



01112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

**TITLE** S  
**NAME** JEEVES, ROBERT  
**STREET ADDRESS** 4785 SO WOOD WAY  
**CITY-ST-ZIP** HOMOSASSA, FL 34448

**TITLE** D  
**NAME** HINDMAN, CLYDE  
**STREET ADDRESS** 4760 S. MYRTLE WAY  
**CITY-ST-ZIP** 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)(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:**

*Ronald J. Miller, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 (352) 628-6066  
Date Daytime Phone #

*Ronald J. Miller*