2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002619

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

Principal Place of Business	Mailing Address
4114 S WASHINGTON PT HOMOSASSA, FL 34448	P. O. BOX 124 HOMOSASSA, FL 34487-0124

02032006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 34446*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	4795 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

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02/17/06-80018-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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/Chairman Ronald J. Miller 2/3/06 (352) 628-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #