

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90052 036 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 11709 W. Fisherman Lane		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152007 Chg-NP CR2E037 (12/06)	
City & State Homosassa FL		City & State		4. FEI Number 59-2611251	
Zip 34448		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, RONALD J 4114 S WASHINGTON PT HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent		
Name			Priscilla Watkins		
Street Address (P.O. Box Number is Not Acceptable)			11709 W. Fisherman Lane		
City			Homosassa FL		
Zip Code			34448		
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: <i>Priscilla Watkins</i> PRISCILLA WATKINS, PRESIDENT 4/17/07					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VC	NAME BITTER, JIM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4330 S. CONWELL DR	HOMOSASSA, FL 34448*391		NAME	VC	
CITY-ST-ZIP	HOMOSASSA, FL 34448*391		STREET ADDRESS	11709 W. Fisherman Lane	
TITLE C	NAME MILLER, RON J	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4114 S. WASHINGTON PT.	HOMOSASSA, FL 34448		NAME	Watkins, Priscilla	
CITY-ST-ZIP	HOMOSASSA, FL 34448		STREET ADDRESS	11709 W. Fisherman Lane	
TITLE D	NAME HILLEN, DAN	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 11382 S. GRYBEK DR.	HOMOSASSA, FL 34448		NAME	Watkins, Priscilla	
CITY-ST-ZIP	HOMOSASSA, FL 34448		STREET ADDRESS	11709 W. Fisherman Lane	
TITLE T	NAME CORNETT, TESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5538 SO ISLAND DR	HOMOSASSA, FL 34448		NAME	Watkins, Priscilla	
CITY-ST-ZIP	HOMOSASSA, FL 34448		STREET ADDRESS	11709 W. Fisherman Lane	
TITLE S	NAME JEEVES, ROBERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4795 SO WOOD WAY	HOMOSASSA, FL 34448		NAME	Watkins, Priscilla	
CITY-ST-ZIP	HOMOSASSA, FL 34448		STREET ADDRESS	11709 W. Fisherman Lane	
TITLE D	NAME HINDMAN, CLYDE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4760 S. MYRTLE WAY	HOMOSASSA, FL 34448		NAME	Watkins, Priscilla	
CITY-ST-ZIP	HOMOSASSA, FL 34448		STREET ADDRESS	11709 W. Fisherman Lane	
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: <i>Priscilla Watkins</i> PRISCILLA WATKINS 4/17/07 628 0338					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					