

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002619

1. Entity Name

SAVE THE HOMOSASSA RIVER ALLIANCE, INC.



Principal Place of Business

11709 W. FISHERMAN LANE
HOMOSASSA, FL 34448

Mailing Address

P. O. BOX 124
HOMOSASSA, FL 34487-0124



03272008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2611251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATKINS, PRISCILLA
11709 W. FISHERMAN LANE
HOMOSASSA, FL 34448

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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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000913952
05/08/08-80004-002 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | VC |
| NAME | BITTER, JIM |
| STREET ADDRESS | 4330 S. CONWELL DR |
| CITY-ST-ZIP | HOMOSASSA, FL 34448*391 |
| TITLE | VC |
| NAME | MILLER, RON J |
| STREET ADDRESS | 4114 S. WASHINGTON PT. |
| CITY-ST-ZIP | HOMOSASSA, FL 34448 |
| TITLE | C |
| NAME | WATKINS, PRISCILLA |
| STREET ADDRESS | 11709 W. FISHERMAN LANE |
| 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 | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TESS CORNETT

Date

4/18/08

Daytime Phone #

(352) 422-0789

Treasurer/Director