2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00000002619

Entity Name: SAVE THE HOMOSASSA RIVER ALLIANCE, INC.

Current Principal Place of Business:

11709 W. FISHERMAN LANE
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 124
HOMOSASSA, FL 344870124

New Mailing Address:

FEI Number: 59-2611251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VC	( ) Delete
Name:	BITTER, JIM	
Address:	4330 S. CONWELL DR	
City-St-Zip:	HOMOSASSA, FL 34448*391	
Title:	VC	( ) Delete
Name:	MILLER, RON J	
Address:	4114 S. WASHINGTON PT.	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	C	( ) Delete
Name:	WATKINS, PRISCILLA	
Address:	11709 W. FISHERMAN LANE	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	T	( ) Delete
Name:	CORNETT, TESS	
Address:	5538 SO ISLAND DR	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	S	( ) Delete
Name:	JEEVES, ROBERT	
Address:	4795 SO WOOD WAY	
City-St-Zip:	HOMOSASSA, FL 34448	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	C	(X) Change ( ) Addition
Name:	BITTER, JIM	
Address:	4330 S. CONWELL DR	
City-St-Zip:	HOMOSASSA, FL 34448*391	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WATKINS, PRISCILLA	
Address:	11709 W. FISHERMAN LANE	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TESS CORNETT T 04/15/2009

Electronic Signature of Signing Officer or Director — Date