

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90040 027 ****61.25

DOCUMENT # N01000004649

1. Entity Name
SAVE OUR RIVER ENVIRONMENT, INC.



Principal Place of Business
**6530 RAMOTH DRIVE
JACKSONVILLE, FL 32226**

Mailing Address
**POST OFFICE BOX 582
JACKSONVILLE, FL 32201**

94058574



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3729504

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDESTY, WILLIAM M ESQ.
4004 ATLANTIC BLVD
JACKSONVILLE, FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME PILLSBURY, CHRIS ☐ Delete
STREET ADDRESS P.O. BOX 582
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE VD ☒ Change ☐ Addition
NAME Chris Pillsbury
STREET ADDRESS P.O. Box 582
CITY-ST-ZIP Jacksonville, FL 32201

TITLE VD ☒ Delete
NAME DEVEREAUX, MARK
STREET ADDRESS P.O. BOX 582
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HARDESTY, WILLIAM
STREET ADDRESS P.O. BOX 582
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE PD ☒ Change ☐ Addition
NAME William Hardesty
STREET ADDRESS P.O. Box 582
CITY-ST-ZIP Jacksonville, FL 32201

TITLE S ☐ Delete
NAME DEVEREAUX, DIANE
STREET ADDRESS P.O. BOX 582
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE VD ☒ Change ☐ Addition
NAME Diane Devereaux
STREET ADDRESS P.O. Box 582
CITY-ST-ZIP Jacksonville, FL 32201

TITLE T ☒ Delete
NAME ROBBINS, GLENN
STREET ADDRESS P.O. BOX 582
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE T ☐ Change ☒ Addition
NAME Terri Howard
STREET ADDRESS P.O. Box 582
CITY-ST-ZIP Jacksonville, FL 32201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Debbie Gamertsfelder
STREET ADDRESS P.O. Box 582
CITY-ST-ZIP Jacksonville, FL 32201

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: *Terri Howard* **TERRI Howard**

4-16-2004 ⁹⁰⁴⁻²⁵⁴ 9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #