


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

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000003565		
1. Entity Name SAVE OUR SAND FOREVER, INC.		
Principal Place of Business 2070 RINGLING BLVD SARASOTA, FL 34237	Mailing Address 4183 SHELL RD SARASOTA, FL 34242 US	



04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0449748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, RICHARD L 2070 RINGLING BLVD SARASOTA, FL 34237	DO NOT WRITE 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) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

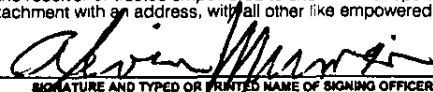
11000000981740
04/16/08-80013-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM AUGUST, ARTHUR 17 WHISPERING SANDS #306 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM FRIGNOCA, RICHARD 148 SANDY HOOK RD N SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHRINER, RICHARD 77 SANDY HOOK RD N SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIRMAN, ALVIN 4183 SHELL RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

ALVIN MIRMAN 4-2-08 3493339

Date Daytime Phone #