## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 02, 2004 8:00 am Secretary of State

DOCUMENT; # N0300005497  1. Entity Name ORIGINAL SAVE OUR BEACH, INC.				:			08-02-200	04 90005 0	40 ****	70.00
Principal Place of Business 411 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441  Mailing Address 411 EAST HILLSBORO BL DEERFIELD BEACH, FL 33								<b>54</b> 06	5961	
		3. Mailin	Mailing Address MO. Box 493							
Silite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			07192004	Chg-NP	CR2E037	(10/03)	
City & State	е	DEE	& State KFIELZ	38	ACH,FL	4. FEI Number	-0103	826	_ <del> `</del>	plied For t Applicable
Zip	Country	3 <sup>Zip</sup>	443	BNG.	WARD	5. Certificate o		<b>™</b> \$1	<b>3.75</b> Add e Required	
	6. Name and Address of Current	Registered	Agent		Namo	7. Name and A	ddress of New	Registered Ag	ent	
CONNICK, A. THOMAS ESQ.					Name					
411 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441					Street Address (P.O. Box Number is Not Acceptable)					
								•	1	
	t** .				City			FL	Zip Code	)
	named entity submits this statement folions of registered agent.	r the purpos	se of changing its	registere	d office or registe	ered agent, or both	, in the State of F	lorida. I am far	niliar with,	and accept
	Signature, typed or printed name of registered agent	and tale if applica	able, (NOTE	: Registered	Agent signature require	ed when renistating)		DATE		
Di	Filling Fee is \$61.25 ue by September 8, 2004	and title if applica	9. Election Carr Trust Fund C	npaign Fir	nancing _	\$5.00 May Be Added to Fees		DATE Make check p Irida Departm		
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12. Thereby 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 addition with an addition with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTOR

7/01/04-954-421-573