

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005497

FILED
Jan 24, 2009
Secretary of State

Entity Name: ORIGINAL SAVE OUR BEACH, INC.

Current Principal Place of Business:

411 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 493
DEERFIELD BEACH, FL 33443

New Mailing Address:

FEI Number: 20-0103826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNICK, A. THOMAS ESQ.
411 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441 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: PD () Delete
Name: WILLETT, BETT
Address: 48 NE 19TH TERR.
City-St-Zip: DEERFIELD BEACH, FL 33441 FL

Title: PD () Delete
Name: MCGEARY, MARTI
Address: 1442 SE 6 ST.
City-St-Zip: DEERFIELD BEACH, FL 33441 FL

Title: TD () Delete
Name: MCGEARY, JIM
Address: 1442 SE 6 ST.
City-St-Zip: DEERFIELD BEACH, FL 33441 FL

Title: D () Delete
Name: CARRIG, JOANNE
Address: 800 OCEAN BLVD., UNIT 608
City-St-Zip: DEERFIELD BEACH, FL 33441 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLETT, BETT
Address: 2646 EMERALD WAY CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442 FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTHA A. MCGEARY

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date