

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000691

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: SAVE WAKULLA'S SPRINGS, INC.

**Current Principal Place of Business:**

191 PINE LANE  
CRAWFORDVILLE, FL 32326

**New Principal Place of Business:**

**Current Mailing Address:**

191 PINE LANE  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEIDLER, ROBERT  
191 PINE LANE  
CRAWFORDVILLE, FL 32326 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: P ( ) Delete  
Name: SEIDLER, ROBERT  
Address: 191 PINE LANE  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: V ( ) Delete  
Name: JOHNSON, PAULRT G  
Address: 5537 HICKORY WOOD DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: ST ( ) Delete  
Name: LOVEL N, BENJAMIN B  
Address: PO BOX 496  
City-St-Zip: SOPCHOPPY, FL 32358

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: ROBERT SEIDLER

P

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date