

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009131

FILED
Feb 22, 2007
Secretary of State

Entity Name: SAVE OUR EVERGLADES TRUST, INC.

Current Principal Place of Business:

11 DELEON AVE
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

PO BOX 1915
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 11-3788553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARLEY, MARY
11 DELEON AVE
ISLAMORADA, FL 33036 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: D () Delete
Name: BARLEY, MARY
Address: 11 DELEON AVE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: RUMBERGER, E. THOM
Address: 215 S MONROE STREET SUITE 130
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BALL, CHRISTINE L
Address: 12212 FIREMANS CANAL RD
City-St-Zip: CLERMONT, FL 34711

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 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: MARY BARLEY

C

02/22/2007

Electronic Signature of Signing Officer or Director

Date