2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2009

Entity Name: SAVE OUR EVERGLADES TRUST, INC. Current Principal Place of Business: 11 DELEON AVE ISLAMORADA, FL 33036 Current Mailing Address: PO BOX 1915 SILAMORADA, FL 33036 FEI Number: 11-3788553 FEI Number Applied For () FEI Number Not Applicable () FEI Number of Applicable () FEI Number of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARLEY, MARY 11 DELEON AVE ISLAMORADA, FL 33036 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/16/2009 Flectronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: D () Delete Name: BARLEY, MARY Address: City-St-Zip: ISLAMORADA, FL 33036 Date Address: City-St-Zip: ISLAMORADA, FL 33036 Title: D () Delete Name: RUMBERGGER, E. THOM	DOCOM	1EN 1# N06000009131		Secretary of State	
11 DELEON AVE ISLAMORADA, FL 33036 Current Mailing Address: PO BOX 1915 ISLAMORADA, FL 33036 FEI Number: 11-3788553 FEI Number Applied For () Name and Address of Current Registered Agent: BARLEY, MARY 11 DELEON AVE 11 DELEON STREET 11 DELEON AVE 11 DELEON STREET 11 DELEON AVE 12 DELEON STREET 13 S036 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/16/2009 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: BARLEY, MARY Name: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: City-St	Entity Nar	ne: SAVE OUR EVERGLADES	FRUST, INC.		
ISLAMORADA, FL 33036 Current Mailing Address: PO BOX 1915 ISLAMORADA, FL 33036 FEI Number: 11-3788553 FEI Number Applied For () Name and Address of Current Registered Agent: BARLEY, MARY 11 DELEON AVE ISLAMORADA, FL 33036 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/16/2009 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: City-St-Zip: IslaMORADA, FL 33036 City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: TallaHASSEE, FL 32301 City-St-Zip: Title: D () Delete Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: Address: Ci	Current Principal Place of Business:		New Principal P	lace of Business:	
PO BOX 1915 ISLAMORADA, FL 33036 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 11 DELEON STREET ISLAMORADA, FL 33036 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/16/2009 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS: IT DELEON AVE Address: 11 DELEON AVE Addres					
ISLAMORADA, FL 33036 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 12 SLAMORADA, FL 33036 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/16/2009 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Title: () Change () Addition Name: BARLEY, MARY Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: RUMBERGER, E. THOM Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: RUMBERGER, E. THOM Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 215 S MONROE STREET SUITE 130 Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 215 S MONROE STREET SUITE 130 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 12212 FIREMANS CANAL RD Address:	Current M	ailing Address:	New Mailing Ad	New Mailing Address:	
Name and Address of Current Registered Agent: BARLEY, MARY 11 DELEON AVE 11 DELEON STREET ISLAMORADA, FL 33036 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/16/2009					
BARLEY, MARY 11 DELEON AVE ISLAMORADA, FL 33036 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:	FEI Number:	11-3788553 FEI Number Applied	d For () FEI Number Not Applicable () Certificate of Status Desired ()	
11 DELEON AVE ISLAMORADA, FL 33036 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:	Name and	Address of Current Registered	Agent: Name and Addre	ess of New Registered Agent:	
in the State of Florida. SIGNATURE:	11 DELEON AVE		11 DELEON STR	11 DELEON STREET	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: BARLEY, MARY Address: 11 DELEON AVE City-St-Zip: ISLAMORADA, FL 33036 Title: D () Delete Title: City-St-Zip: Title: D () Delete Title: Name: Address: 215 S MONROE STREET SUITE 130 Address: City-St-Zip: Title: D () Delete Title: City-St-Zip: TALLAHASSEE, FL 32301 Title: D () Delete Title: City-St-Zip: Title: D () Change () Addition Name: Address: Title: City-St-Zip: Title: Address:			ent for the purpose of changing its regi	stered office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE: 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 Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: Address: 12212 FIREMANS CANAL RD Address: Address:	SIGNATUF	RE:		04/16/2009	
Title: D () Delete Title: () Change () Addition Name: BARLEY, MARY Name: Address: 11 DELEON AVE Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: RUMBERGER, E. THOM Name: Address: 215 S MONROE STREET SUITE 130 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Address: City-St-Zip: TALLAHASSEE, FL 32301 Address: Addr		Electronic Signature of Reg	jistered Agent	Date	
Name: BARLEY, MARY Name: Address: 11 DELEON AVE Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: RUMBERGER, E. THOM Name: Address: 215 S MONROE STREET SUITE 130 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: BALL, CHRISTINE L Name: Address: 12212 FIREMANS CANAL RD Address:	OFFICERS	S AND DIRECTORS:	ADDITIONS/CH/	ANGES TO OFFICERS AND DIRECTORS:	
Name: RUMBERGER, E. THOM Name: Address: 215 S MONROE STREET SUITE 130 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: BALL, CHRISTINE L Name: Address: 12212 FIREMANS CANAL RD Address:	Name: Address:	BARLEY, MARY 11 DELEON AVE	Name: Address:	() Change () Addition	
Name: BALL, CHRISTINE L Name: Address: 12212 FIREMANS CANAL RD Address:	Name: Address:	RUMBERGER, E. THOM 215 S MONROE STREET SUITE 130	Name: Address:	() Change () Addition	
	Name: Address:	BALL, CHRISTINE L 12212 FIREMANS CANAL RD	Name: Address:	()Change ()Addition	

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: MARY BARLEY 04/16/2009 D