

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90082 004 \*\*\*\*61.25

0005681

DOCUMENT # **N06700**

1. Entity Name

**SAVE OUR SHORES (S.O.S.) INC.**



Principal Place of Business

**P O BOX 1208  
VERO BEACH FL 32961-8208**

Mailing Address

**P O BOX 1208  
VERO BEACH FL 32961-8208**

2. Principal Place of Business

**P.O. Box 3512**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 3512**

Suite, Apt. #, etc.

City & State

**VERO Beach, FL**

City & State

**VERO Beach, FL**

4. FEI Number **59-2481288**

Applied For

Not Applicable

Zip **32964**

Country **USA**

Zip **32964**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COLLINS, GEORGE G., JR.  
744 BEACHLAND BOULEVARD  
VERO BEACH FL**

7. Name and Address of New Registered Agent

Name **William C. Johnson**  
Street Address (P.O. Box Number is Not Acceptable) **1155 WINDING OAKS CIRCLE, #104**  
City **VERO Beach** FL Zip Code **32963**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William C. Johnson**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SEXTON, RALPH</b>	
STREET ADDRESS	<b>8005-37TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BIRELEY, RICHARD JR</b>	
STREET ADDRESS	<b>3301 OCEAN DR</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELARBEE, CHARI</b>	
STREET ADDRESS	<b>3630 OCEAN DR.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GERSTNER, CHYRL</b>	
STREET ADDRESS	<b>2035 SURFSIDE TERRACE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM GLYNN</b>	
STREET ADDRESS	<b>1802 BAREFOOT PLACE</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN BURNS</b>	
STREET ADDRESS	<b>1811 E. SANDPOINTE PLACE</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William C. Johnson</b>	
STREET ADDRESS	<b>1155 WINDING OAKS CIR, #104</b>	
CITY-ST-ZIP	<b>VERO Beach, FL 32963</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL WALTHER</b>	
STREET ADDRESS	<b>3625-20th STREET</b>	
CITY-ST-ZIP	<b>VERO Beach, FL 32960</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: **Signature Included Aug. 9/9/03** 772-234-4270

CR2E037 (4/03)