FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:18

DOCUMENT # N23845 (3)

1. Corporation Name
SAVE-A-TURTLE, INC.

Principal Place of Business	Mailing Address
C/O DONNA VAN KIRK 2121 YELLOWTAIL MARATHON FL 33050-2603	C/O DONNA VAN KIRK 2121 YELLOWTAIL MARATHON FL 33050-2603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0023815 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VAN KIRK, DONNA
2121 YELLOWTAIL
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	GALLAGHER, PHYLLIS	12 NAME	GIRO/RALPH
STREET ADDRESS	211 SCHOONER LN	13 STREET ADDRESS	76180 OVERSEAS HWY
CITY-ST-ZIP	MARATHON FL	14 CITY-ST-ZIP	ISLAMORADA, FL
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	JENSEN, MARGUERITE	22 NAME	
STREET ADDRESS	195 PLANTATION SHORES DR	23 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WELLS, PAT	32 NAME	
STREET ADDRESS	LONG KEY STATE REC. AREA	33 STREET ADDRESS	
CITY-ST-ZIP	LONG KEY FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	GIRO, DOROTHY	42 NAME	BRENNAN/JILL
STREET ADDRESS	76180 OVERSEAS HWY	43 STREET ADDRESS	337 CALZADA DE BOUGAINVIL
CITY-ST-ZIP	ISLAMORADA FL	44 CITY-ST-ZIP	MARATHON FL
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	STARK, BETH	52 NAME	
STREET ADDRESS	705A SOMBRERO	53 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BERNETT, YEA	62 NAME	
STREET ADDRESS	1655 HARBOR DR.	63 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marguerite R Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGUERITE R. JENSEN (TREASURER)

2/21/95 305/8528777

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