FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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 33050-2803	C/O DONNA VAN KIRK 2121 YELLOWTAIL MARATHON FL 33050-2803

3. Date Incorporated or Qualified: 12/14/1987

3a. Date of Last Report: 02/27/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	GIRO, RALPH		12 NAME	DOUGLASS, DIANE	
STREET ADDRESS	76180 OVERSEAS HWY		13 STREET ADDRESS	113 Willow Lane	
CITY-ST-ZIP	ISLAMORADA FL		14 CITY-ST-ZIP	Islamorada FL	
TITLE	TD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, JILL		42 NAME		
STREET ADDRESS	337 CLZADA DE BOUGAINVIL		43 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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 3/30/96 305/852-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #