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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23845**

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

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)

3. Date Incorporated or Qualifed: 12/14/1987
4. FEI Number: 65-0023815 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: DONNA VANKIEL — Signature, typed or printed name of registered agent and title if applicable. Donna VanKirk (NOTE: Registered Agent signature required when reinstating) DATE: 2-1-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, TINA		1.2 NAME		
STREET ADDRESS	2396 OVERSEAS HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	Tres.	☒ Change ☐ Addition
NAME	JENSEN, MARGUERITE		2.2 NAME	Patti Anthony	
STREET ADDRESS	195 PLANTATION SHORES DR		2.3 STREET ADDRESS	1612 Trinidad Dr.	
CITY-ST-ZIP	TAVERNIER FL		2.4 CITY-ST-ZIP	Key West, Fl 33040	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, PAT		3.2 NAME		
STREET ADDRESS	LONG KEY STATE REC. AREA		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONG KEY FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZUMBRUM, DOROTHY		4. 2 NAME		
STREET ADDRESS	29 EAGLE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	BAXTER, JULIE		5.2 NAME	MIKE HALL	
STREET ADDRESS	5990 SW 78TH ST		5.3 STREET ADDRESS	1612 Trinidad Dr.	
CITY-ST-ZIP	MIAMI FL 33143		5.4 CITY-ST-ZIP	Key West Fl 33040	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERNETT, YEA		6.2 NAME		
STREET ADDRESS	1655 HARBOR DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Patti Anthony — **SIGNATURE REQUIRED** — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-23-99 — Date
(305) 295-2734 — Daytime Phone #