# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2005 8:00 am**
**Secretary of State**
04-08-2005 90058 026 ****61.25

**DOCUMENT # N23845**

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DONNA VAN KIRK<br>~~2121 YELLOWTAIL~~<br>MARATHON, FL 33050-2803 | C/O DONNA VAN KIRK<br>~~2121 YELLOWTAIL~~<br>MARATHON, FL 33050-2803 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 422 Calle Limon | 422 Calle Limon |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Marathon, FL | City & State: Marathon, FL |
| Zip: 33050 Country: | Zip: 33050 Country: |

4. FEI Number: 65-0023815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

04012005 Chg-NP CR2E037 (10/03)

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VAN KIRK, DONNA<br>~~2121 YELLOWTAIL~~<br>MARATHON, FL 33050 | Name: VAN KIRK, DONNA<br>Street Address (P.O. Box Number is Not Acceptable): 422 CALLE LIMON<br>City: MARATHON **FL** Zip Code: 33050 |

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

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HOBBS, JEANNETTE<br>119563 SEMINOLE STREET<br>SUMMERLAND KEY, FL 33042 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SWEET, ELAINE<br>30246 WATSON BLVD.<br>BIG PINE KEY, FL. 33043 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ANTHONY, PATTI<br>1612 TRINIDAD DR<br>KEY WEST, FL 33040 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PELTON, DORIS B.<br>147 CANAL ST.<br>TAVERNIER, FL 33070 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WELLS, PAT<br>LONG KEY STATE REC. AREA<br>LONG KEY, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>SEARS, JERI<br>1285 26TH ST OCEAN<br>MARATHON, FL 33050 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HALL, MIKE<br>1612 TRINIDAD DR<br>KEY WEST, FL 33040 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/VP<br>SEARS, JERI<br>1285 26TH ST OCEAN<br>MARATHON, FL 33050 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BERNETT, YEA<br>1655 HARBOR DR.<br>MARATHON, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Elaine Sweet 4-4-05 305-872-2679 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELAINE SWEET, PRESIDENT