


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N23845**  
 1. Entity Name  
**SAVE-A-TURTLE, INC.**



Principal Place of Business      Mailing Address  
**422 CALLE LIMON**      **422 CALLE LIMON**  
**MARATHON, FL 33050**      **MARATHON, FL 33050**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0023815**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**VAN KIRK, DONNA**  
**422 CALLE LIMON**  
**MARATHON, FL 33050**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWEET, ELAINE
STREET ADDRESS	30246 WATSON BLVD.
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	T
NAME	PELTON, DORIS B
STREET ADDRESS	147 CANAL ST.
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	WELLS, PAT
STREET ADDRESS	LONG KEY STATE REC. AREA
CITY-ST-ZIP	LONG KEY, FL
TITLE	VP
NAME	SEARS, JERI
STREET ADDRESS	1285 26TH ST OCEAN
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	DVP
NAME	SEARS, JERI
STREET ADDRESS	1285 26TH ST OCEAN
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	BERNETT, YEA
STREET ADDRESS	1655 HARBOR DR.
CITY-ST-ZIP	MARATHON, FL

**DO NOT WRITE IN THIS SPACE**

000000436346  
 02/27/06-80034-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      1-6-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #